## **SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Page 1/08



Electronic Filing

Page 1 of 159

## **SUMMARY PAGE**

1.NAME OF COMMITTEE							2. TYPI	E OF COMMITTEE			
Oz For Governor, Inc.							x	Candidate Committee Exploratory Committee			
3. TREASURER NAME											
Title	First <b>Thomas</b>			MI J	Last Filomeno			Suffix			
4. TREASURER ADDRESS											
Street Address 31 Bonny View Rd			City <b>West</b>	Hartford		State CT		Cip Code 06107			
5. ELECTION DATE			6. O	FFICE SOUG	HT ( if applicable )	<u> </u>	7. DISTRI	CT CODE (if applicable)			
11/02/2010		Governor									
8. CANDIDATE NAME						•					
Title	First R. Nelson			MI	Last Suffix Griebel						
9. TYPE OF REPORT				•							
April 10 Filing - Original											
10. PERIOD COVERED											
		Beginning Date			Ending Date						
		01/18/2010	thru	ı	03/31/2010						
			11 CED	TIFICATION							
			II. CER	TIFICATION							
	ed Campaig				of the information set forth period covered is true,						
Electronic Filing		Thomas Filomeno			04/1	2/2010					
SIGNATURE		PRINT NAME OF THE	E SIGNE	ER	DATE	CERTIFIED					
	PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.										

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Oz For Governor, Inc.	Original 04/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$272,276.00	\$272,276.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$30,050.00	\$30,050.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$302,326.00	\$302,326.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$302,326.00	\$302,326.00
20. Expenses Paid by Committee (Section N)	\$58,325.61	\$58,325.61
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$244,000.39	\$244,000.39
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$549.63	\$549.63
23. In-Kind Contributions Received (Section K)	\$66.65	\$66.65
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$30,050.00	\$30,050.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$30,050.00	\$30,050.00
27. Campaign Expenses Paid By Candidate (Section O)	\$8,215.44	\$8,215.44
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$14,213.68	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$14,213.68	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
A. Total Contributions from (See instructions for definition of Small		Contribu	itors-Received th	is Perio		7 total Section A	\$0.00			
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name Enders	First Name Tracy			MI	Cash	=	al Check Debit Card	Contribution 0027	on ID#	Amount of Contribution
Residential Street Address 160 Wall St		City Coventry	/		State CT	Zip Code 06238		Date Received 02/03/2010	0	
Principal Occupation area representative		Name of E	mployer			Is this contribution ass fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions \$40.00	\$40.00
Last Name Dietz	First Name  David			MI F	Cash	=	al Check Debit Card	Contribution 0004	on ID #	Amount of Contribution
Residential Street Address 3 Marlborough St # 2		City Boston			State MA	Zip Code 02116		Date Received 02/03/2010	0	
Principal Occupation  Lawyer		Name of E	mployer n Procter LLP			Is this contribution ass fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu \$1,0	utions	\$1,000.00
Last Name Rohrs	First Name Christoph	er		MI J	Cash	=	al Check Debit Card	Contribution 0001	on ID#	Amount of Contribution
Residential Street Address  3 Caryn Ln		City Simsbury	y		State CT	Zip Code 06089		Date Received		
Principal Occupation Retired		Name of E	mployer		•	Is this contribution ass fundraising event listed If yes, list Event #		112 <b>L</b>	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$1,0	utions 000.00	\$1,000.00
Last Name Woodworth	First Name Deborah			MI	Cash	=	al Check Debit Card	Contribution 0002	on ID#	Amount of Contribution
Residential Street Address 85 Dean Rd		City East Lym	ne		State CT	Zip Code 06333		Date Received		
Principal Occupation Administrator		Name of E	mployer w Haven Hospital		!	Is this contribution ass fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$1	itions	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Oz For Governor, Inc.							Ori	ginal 04/12/2010
		B. Itemized Contributi	ions from	Individu	ıals			
Last Name	First Name		MI	Method of	contribution:	Co	ontribution ID#	Amount of
Woodworth	George		N	Cash Money	y Order	0	0003	Contribution
Residential Street Address		City		State	Zip Code	Date F	Received	
85 Dean Rd		East Lyme		СТ	06333-1507	02/0	)3/2010	
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.0	0 \$100.00
Last Name Wheeler	First Name Nancy		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 39 Massasoit St		City Northhampton		State MA	Zip Code 01060		Received 03/2010	
Principal Occupation  Executive		Name of Employer MetroHartford Alliance		•	Is this contribution associate fundraising event listed in the state of the state o		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate	Contributions \$500.0	0 \$500.00
Last Name Weiss	First Name Michelle		MI D	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 37 Woodhaven Dr .		City Simsbury		State CT	Zip Code 06070-2642		Received 06/2010	
Principal Occupation  Consultant, Professor		Name of Employer Self		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$200.0	0 \$200.00
Last Name Papermaster	First Name David		MI S	Cash	contribution:    X   Personal Character   Credit/Debit	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 15 Chambord Park		City Bloomfield		State CT	Zip Code 06002		Received 06/2010	
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associate fundraising event listed in the state of the state o		Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$1,000.0	0 \$1,000.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Oz For Governor, Inc.							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name Papermaster	First Name Daniel		MI I	Cash	contribution:  X Personal Ch y Order Credit/Debi	eck 0008	ution ID#	Amount of Contribution
Residential Street Address 33 Linbrook Rd		City West Hartford		State CT	Zip Code 06107	Date Receiv 02/06/20		
Principal Occupation Attorney		Name of Employer Bingham McCutchen			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Conti	ributions 1,000.00	\$1,000.00
Last Name Papermaster	First Name Beth		MI B	Cash	contribution:  X Personal Ch y Order Credit/Debi	eck 0007	ution ID#	Amount of Contribution
Residential Street Address 33 Linbrook Rd		City West Hartford		State CT	Zip Code 06107	Date Receiv		
Principal Occupation  Consultant		Name of Employer Self		•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ributions 1,000.00	\$1,000.00
Last Name Carstens	First Name Dan		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0025	ution ID#	Amount of Contribution
Residential Street Address 11 Aquidneck Trl		City Old Saybrook		State CT	Zip Code 06475	Date Receiv 02/08/20		
Principal Occupation Publisher/realtor		Name of Employer self			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Conti	stibutions \$50.00	\$50.00
Last Name Bourdon	First Name Thomas		MI P	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0023	ution ID #	Amount of Contribution
Residential Street Address  2 Kelly Farm Rd		City Simsbury		State CT	Zip Code 06070	Date Receiv 02/08/20		
Principal Occupation student		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Conti	ributions \$50.00	\$50.00

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Oz For Governor, Inc.							Orig	ginal 04/12/2010
		B. Itemized Contribu	tions fron	ı Individu	ıals		•	
Last Name	First Name		MI	Method of	contribution:	Co	ontribution ID #	Amount of
Bourdon	Peter		Α	Cash Money	y Order X Credit/Deb	00	024	Contribution
Residential Street Address		City	·	State	Zip Code	Date R	Received	7
2 Kelly Farm Rd		Simsbury		СТ	06070	02/08	8/2010	_
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	
Financial Officer		TopCoder			If yes, list Event #	Section 31:	x No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggregate (	Contributions	7
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	T	child of a lob	-		\$3,500.00	\$3,500.00
Last Name	First Name		MI	Method of	contribution:	Co	ontribution ID #	Amount of
Bourdon	Timothy			Cash Money	y Order	00	021	Contribution
Residential Street Address		City		State	Zip Code	Date R	Received	
2 Kelly Farm Rd		Simsbury		СТ	06070	02/08	8/2010	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	
Project Manager		Sports Technologies			If yes, list Event #	section 31:	x No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggregate (	Contributions	7
state contractor? Is yes, indicate which branch or branches of		т с Птис	i	child of a lob	•		\$50.00	\$50.00
government the contract is with:		Executive Legislative	+ -					1
Last Name Gualtieri	First Name Michael		MI	Method of Cash	contribution:  Personal Cl	neck	ontribution ID #	Amount of Contribution
Cuantier	· · · · · · · · ·	1		_	y Order X Credit/Deb	it Card	022	Contribution
Residential Street Address		City		State	Zip Code		Received	
17 Colony Rd		West Hartford		СТ	06117	02/08	8/2010	_
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	
Owner & President		ProCourier			If yes, list Event #		x No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggregate (	Contributions	7
state contractor? Is yes, indicate which branch or branches of	П	<b>-</b>	T	child of a lob	-		\$500.00	\$500.00
government the contract is with:	<u> </u>	Executive Legislative	+ -	1				1
Last Name Bourdon	First Name Michael		MI	Method of Cash	contribution:  Personal Cl	neck	ontribution ID #	Amount of Contribution
		1			y Order X Credit/Deb		032	
Residential Street Address		City		State	Zip Code		Received	
2 Kelly Farm Rd		Simsbury		СТ	06070		0/2010	_
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	
student					If yes, list Event #		x No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregate (	Contributions	7
Is yes, indicate which branch or branches of		Executive Legislative		child of a lob	-		\$50.00	\$50.00

		I. MONETA	RY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. Itemized Co	ontributio	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Paternoster	Laurie				Cash Money	Personal C  V Order  X Credit/Del		0028		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
48 Chatham HI		Glastonbury			СТ	06073	0.	2/10/2010	)	
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed in			Yes	
finance		self		_		If yes, list Event #	. Section 3	x	No	
Is contributor a principal of a state contractor	or prospective	Yes	x No		utor a lobbyis		Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legisla	ıtive		child of a lob	-		\$1,5	500.00	\$1,500.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Bourdon	Peter				Cash Money	Personal C  V Order  X Credit/Del		0029		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
28 Kenyon St		Hartford			СТ	06105	0.	2/10/2010	)	
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed in			Yes	
Business Development		Bny Mellon				If yes, list Event #	Section 3	x	No	
Is contributor a principal of a state contractor	or prospective	Yes	x No		utor a lobbyis		Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		Encounting	4:	l	child of a lob	*		\$	50.00	\$50.00
government the contract is with:	<u></u>	Executive Legisla	inve				<u> </u>	1		
Last Name Piepmeier	First Name Edward			MI B	Method of Cash	contribution: Personal C	heck	Contributio	on ID#	Amount of Contribution
Tiep.meie.	2411414	ı			_	y Order X Credit/Del	oit Card	0030		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
600 Columbia Ave # 3B		New York			NY	10024	0.	2/10/2010	)	
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed in		12	1 00	
student						If yes, list Event #		x	No	
Is contributor a principal of a state contractor	or prospective	Yes	x No		utor a lobbyis		Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of	П				child of a lob	-		\$	30.00	\$30.00
government the contract is with:		Executive Legisla	itive					<u> </u>		
Last Name Miller	First Name Meredith			MI	Method of Cash	contribution:	heck	Contributio	on ID#	Amount of Contribution
Pilici	Mercular					y Order X Credit/Del		0031		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1221 E 52nd St # 2		Chicago			IL	60615	0.	2/10/2010	)	
Principal Occupation		Name of Employer				Is this contribution associa			Yes	
Consultant		McKinsey & Co				fundraising event listed in If yes, list Event #	section J	x	No	
Is contributor a principal of a state contractor	or prospective	Yes	x <sub>No</sub>	Is contrib	utor a lobbyis	t. spouse, or	A 0.00-	gate Contribu	tions	İ
state contractor?  Is yes, indicate which branch or branches of		_			child of a lob	byist?	Aggie	-	500.00	\$500.00
government the contract is with:		Executive Legisla	itive		es x	No	1	•		

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Oz For Governor, Inc.							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name Barnes	First Name Jim		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0033	oution ID#	Amount of Contribution
Residential Street Address 66 Ferncliff Dr		City West Hartford		State CT	Zip Code 06117	Date Recei		
Principal Occupation Chairman		Name of Employer FM Facility Maintanence			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions 3,500.00	\$3,500.00
Last Name Barnes	First Name Donna		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0034	oution ID#	Amount of Contribution
Residential Street Address 66 Ferncliff Dr		City West Hartford		State CT	Zip Code 06117	Date Recei		
Principal Occupation mother		Name of Employer self		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	tributions	\$3,500.00
Last Name Carver	First Name Howard		MI L	Cash	contribution:    X   Personal Characteristics   Personal Characteristics	eck 0010	oution ID#	Amount of Contribution
Residential Street Address 727 Willowbrook Rd		City Silverthorne		State CO	Zip Code 80498	Date Recei		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	tributions	\$1,000.00
Last Name Miller	First Name Janet		MI R	Cash	contribution:  X Personal Characteristics  y Order Credit/Debi	eck 0011	oution ID#	Amount of Contribution
Residential Street Address 45 Blue Rdg		City Weatogue		State CT	Zip Code 00689	Date Recei 02/10/2		
Principal Occupation Housewife		Name of Employer Self		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions 3,500.00	\$3,500.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Oz For Governor, Inc.							Origin	nal 04/12/2010
		B. Itemized Contributi	ons from	Individu	ıals		•	
Last Name Miller	First Name William		MI T	Cash	contribution:  X Personal Ch y Order Credit/Debi	eck 00	ntribution ID#	Amount of Contribution
Residential Street Address 45 Blue Ridge Dr		City Weatogue		State CT	Zip Code 06089	Date Re	eceived 0/2010	
Principal Occupation Businessman		Name of Employer Oracle Elevator Company			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate C	Contributions \$3,500.00	\$3,500.00
Last Name Griebel	First Name Sandra		MI	Cash	contribution:  X Personal Characteristics  y Order Credit/Debi	eck 00	ntribution ID#	Amount of Contribution
Residential Street Address 225 W 83rd # 23-A		City New York		State NY	Zip Code 10024	Date Re 02/10	eceived 1/2010	
Principal Occupation Homemaker		Name of Employer Self			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate C	Contributions \$3,500.00	\$3,500.00
Last Name Griebel	First Name Doug		MI	Cash	contribution:  X Personal Characteristics of the contribution:  y Order Credit/Debi	eck 00	ntribution ID #	Amount of Contribution
Residential Street Address 225 W 83rd # 23-A		City New York		State NY	Zip Code 10024	Date Re 02/10		
Principal Occupation Restaurant Owner		Name of Employer Rosa Meaxicano			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	\$3,500.00	\$3,500.00
Last Name Miller	First Name John		MI P	Cash	contribution:  X Personal Characteristics  y Order Credit/Debi	eck 00	ntribution ID#	Amount of Contribution
Residential Street Address 15 E 30th St Apt 402		City New York		State NY	Zip Code 10016	Date Re	eceived 1/2010	
Principal Occupation  consultant		Name of Employer self			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILIN	G DUE DATE	
Oz For Governor, Inc.							Origin	nal 04/12/2010	
		B. Itemized Contributi	ons from	Individu	ıals				
Last Name Booth	First Name Richard		MI	Cash	contribution:    X   Personal Cl	neck 0016	ution ID#	Amount of Contribution	
Residential Street Address 7 Winterberry Ln		City Deep River		State CT	Zip Code 06417	Date Receiv 02/10/20			
Principal Occupation Vice Chairman		Name of Employer Guy Carpenter LLC			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Conti	ributions 2,000.00	\$2,000.00	
Last Name Wilson	First Name Bruce		MI A	Cash	contribution:  X Personal Cl / Order Credit/Debi	neck 0009	ution ID#	Amount of Contribution	
Residential Street Address  1 Windsor Ct		City Farmington		State CT	Zip Code 06032	Date Receiv			
Principal Occupation CEO		Name of Employer The First Tee of Connecticut		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions \$500.00	\$500.00	
Last Name Filomeno	First Name Thomas		MI J	Cash	contribution:  X Personal Cl  y Order Credit/Debi	neck 0017	ution ID#	Amount of Contribution	
Residential Street Address 31 Bonny View Rd		City West Hartford		State CT	Zip Code 06107	Date Receiv			
Principal Occupation CPA		Name of Employer Filomeno & Co P.C.			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ributions 1,000.00	\$1,000.00	
Last Name Budd	First Name Edward		MI H	Cash	contribution:    X   Personal Cl	neck 0018	ution ID#	Amount of Contribution	
Residential Street Address 270 Chestnut Hill Rd		City Glastonbury		State CT	Zip Code 06033	Date Receiv			
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	ributions	\$1,000.00	

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Oz For Governor, Inc.							Ori	iginal 04/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals		•	
Last Name O'Neill	First Name Donald		MI W	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0	Contribution ID #	Amount of Contribution
Residential Street Address 20 Den Rd		City New Hartford		State CT	Zip Code 06057-3502		Received	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate	Contributions \$171.0	\$171.00
Last Name Hallett III	First Name Winthrop		MI M	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0	Contribution ID #	4 Amount of Contribution
Residential Street Address 475 Pine Ct		City Movile		State AL	Zip Code 36608		Received 12/2010	
Principal Occupation  President of Chamber of Commerce		Name of Employer  Mobile Area Chamber of Con	nmerce	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$2,000.0	\$2,000.00
Last Name Gaymon	First Name Mike		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0	Contribution ID #	# Amount of Contribution
Residential Street Address 6359 Brookstone Blvd		City Columbus		State GA	Zip Code 31904		Received 15/2010	
Principal Occupation Chamber of Commerce President		Name of Employer Greater Columbus Georgia C of Commerce	hamber		Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.0	\$100.00
Last Name Anderson	First Name Jim		MI	Cash	contribution:  Personal Cl y Order X Credit/Deb	heck 0	Contribution ID #	# Amount of Contribution
Residential Street Address 1489 S Ginger Blue		City Springfield		State MO	Zip Code 65809		Received L5/2010	
Principal Occupation President		Name of Employer Springfield Area Chamber of Commerce	_	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.0	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Oz For Governor, Inc.							Orig	ginal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Long III	First Name		MI T	Method of Cash	contribution:	neck	ontribution ID #	Amount of Contribution
Long III	John		,		y Order X Credit/Debi	0	039	Contribution
Residential Street Address 1756 Brightwaters Blvd NE		City St Petersburg		State FL	Zip Code 33704		Received 5/2010	
Principal Occupation President & CEO		Name of Employer St. Petersburg Area Chambe Commerce	er of		Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Klingel	First Name Todd		MI	Cash	contribution:  Personal Ch y Order  X Credit/Debi	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 81 S 9th St Ste 200		City Minneapolis		State MN	Zip Code 55044		Received 5/2010	
Principal Occupation President		Name of Employer  Mpls Regional Chamber of Co	ommerce		Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Kinsinger	First Name Doug		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 1032 SW Dartmoor Ln		City Topeka		State KS	Zip Code 66604		Received 5/2010	
Principal Occupation Chamber CEO		Name of Employer Greater Topeka, KS Chambe Commerce	er of	•	Is this contribution associate fundraising event listed in the state of the state o		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Scheeler	First Name Kim		MI	Cash	contribution:  Personal Cl y Order X Credit/Debi	neck 0	ontribution ID#	Amount of Contribution
Residential Street Address 3318 Handley Rd		City Midlothian		State VA	Zip Code 23113		Received 5/2010	
Principal Occupation President & CEO		Name of Employer Greater Richmond Chamber Commerce	of	•	Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FII	LING DUE DATE
Oz For Governor, Inc.							Ori	iginal 04/12/2010
		B. Itemized Contribut	ions from	Individu	ıals			
Last Name Steinbacher	First Name Casey		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck C	Contribution ID :	# Amount of Contribution
Residential Street Address 708 Bent Creek Rd		City Bahama		State NC	Zip Code 27503		Received 15/2010	
Principal Occupation President		Name of Employer  Durham Chamber of Comme	erce	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	\$100.00
Last Name Williams	First Name Roy		MI	Cash	contribution:  Personal Cl y Order X Credit/Debi	neck C	Contribution ID 3	# Amount of Contribution
Residential Street Address 1600 Classen Dr .		City Oklahoma City		State OK	Zip Code 73106		Received 15/2010	
Principal Occupation  Executive		Name of Employer Greater Oklahoma City Chan	nber		Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$200.0	\$200.00
Last Name Etheridge	First Name Glenna		MI W	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0	Contribution ID :	# Amount of Contribution
Residential Street Address 6 Newman Rd		City Newbury		State MA	Zip Code 01951-2204		Received 16/2010	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	\$2,000.0	\$2,000.00
Last Name Green	First Name John		MI A	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck C	Contribution ID	# Amount of Contribution
Residential Street Address 81 Uplands Dr		City West Hartford		State CT	Zip Code 06107		Received 16/2010	
Principal Occupation Jeweler		Name of Employer Lux Bond & Green			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$250.0	\$250.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Oz For Governor, Inc.							Origin	al 04/12/2010
		B. Itemized Contributi	ions fron	Individu	ıals			
Last Name Garber	First Name Ross		MI	Cash	contribution:  Personal Cl y Order X Credit/Deb	heck 0045	ution ID#	Amount of Contribution
Residential Street Address 38 Red Hill Dr	I	City Glastonbury	1	State CT	Zip Code 06033	Date Receiv 02/16/20		
Principal Occupation  Lawyer		Name of Employer Shipman & Goodwin LLP			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ibutions \$250.00	\$250.00
Last Name Mandell	First Name Bruce		MI A	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0048	ution ID#	Amount of Contribution
Residential Street Address 30 Lois Dr		City Woodbridge		State CT	Zip Code 06525	Date Receiv 02/18/20		
Principal Occupation  Executive		Name of Employer Data-Mail, Inc			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions 3,000.00	\$3,000.00
Last Name Duguay	First Name Robert		MI R	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0049	ution ID#	Amount of Contribution
Residential Street Address 11 Nod Brook Dr		City Simsbury		State CT	Zip Code 06070	Date Receiv 02/18/20		
Principal Occupation Florist		Name of Employer Fruit Baskets Unlimited, Inc			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Groark Jr.	First Name Thomas		MI J	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0046	ution ID#	Amount of Contribution
Residential Street Address 35 Saddle Ridge Dr		City Bloomfield		State CT	Zip Code 06103	Date Receiv 02/18/20		
Principal Occupation retired		Name of Employer retired			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	ibutions	\$1,000.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Oz For Governor, Inc.							Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Zwiener	First Name Nancy		MI B	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 004	ntribution ID #	Amount of Contribution
Residential Street Address 150 Scarborough	l	City Hartford	1	State CT	Zip Code 06105	Date Rec 02/18/		1
Principal Occupation Owner		Name of Employer Design Source CT LLC		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$3,500.00	\$3,500.00
Last Name Joyce	First Name Roger		MI F	Cash	contribution:  X Personal Characteristics y Order Credit/Debi	neck 00!	ntribution ID #	Amount of Contribution
Residential Street Address 52 Pearl St		City Guilford		State CT	Zip Code 06437	Date Rec 02/19/		
Principal Occupation  Executive Vice President		Name of Employer The Bilco Company, West ha	iven, CT	•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$1,000.00	\$1,000.00
Last Name Bourdon	First Name Mary		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 00!	atribution ID #	Amount of Contribution
Residential Street Address  2 Kelly Farm Rd		City Simsbury		State CT	Zip Code 06070	Date Red 02/19/		
Principal Occupation Homemaker		Name of Employer self			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	sontributions \$3,500.00	\$3,500.00
Last Name Carpenter	First Name Anne		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 00!	atribution ID #	Amount of Contribution
Residential Street Address 114 Duncaster Rd		City Bloomfield		State CT	Zip Code 06002	Date Red 02/19/		
Principal Occupation VP Marketing		Name of Employer Evolution Benefits		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Oz For Governor, Inc.							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Robinson	First Name		MI	Method of Cash	contribution:	eck	oution ID #	Amount of Contribution
		T		Money	y Order X Credit/Debi	t Card 0058		-
Residential Street Address 1974 Hartford Tpke		City North Haven		State CT	Zip Code 06473	Date Recei		
Principal Occupation  Lawyer, College Prof		Name of Employer University of New Haven			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	\$100.00	\$100.00
Last Name Dietz	First Name David		MI F	Cash	contribution:  X Personal Ch y Order Credit/Debi	eck 0053	oution ID#	Amount of Contribution
Residential Street Address 3 Marlborough St # 2		City Boston		State MA	Zip Code 02116	Date Recei		
Principal Occupation  Lawyer		Name of Employer Goodwin Procter LLP			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions	\$1,000.00
Last Name Carver	First Name Stephen		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	eck 0051	oution ID#	Amount of Contribution
Residential Street Address 175 15th St # 305		City Atlanta		State GA	Zip Code 30309	Date Recei		
Principal Occupation Sr. VP Market Manager		Name of Employer CBS Radio		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	\$300.00	\$300.00
Last Name Sieber	First Name Glenn		MI A	Cash	contribution:  X Personal Ch y Order Credit/Debi	eck 0052	oution ID#	Amount of Contribution
Residential Street Address 7 Whitman Pond Rd		City Simsbury		State CT	Zip Code 06070	Date Recei		
Principal Occupation Teacher		Name of Employer Avon Old Farms School		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$200.00	\$200.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Oz For Governor, Inc.							Origin	al 04/12/2010
		B. Itemized Contributi	ions from	Individu	ıals		•	
Last Name Chalk	First Name J.Dennis		MI	Cash	contribution: Personal Cl	heck 0054	ution ID#	Amount of Contribution
Residential Street Address 131 Pine St		City Columbia		State CT	Zip Code 06237	Date Receiv 02/20/20		
Principal Occupation President		Name of Employer RSCC Wire & Cable LLC			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	\$100.00	\$100.00
Last Name Cahill	First Name Philip		MI M	Cash	contribution:  X Personal Cl / Order Credit/Deb	heck 0055	ution ID#	Amount of Contribution
Residential Street Address 7 Fencove Ct		City Old Saybrook		State CT	Zip Code 06475-3001	Date Receiv 02/22/20		
Principal Occupation COO		Name of Employer Mohegan Tribe		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions \$500.00	\$500.00
Last Name Dorson	First Name Roland		MI	Cash	contribution: Personal Cl  Order X Credit/Deb	heck 0059	ution ID#	Amount of Contribution
Residential Street Address 547 Holliday Ln		City Indianapolis		State IN	Zip Code 46260	Date Receiv 02/22/20		
Principal Occupation  Executive		Name of Employer Indianapolis Chamber of Cor	nmerce		Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ibutions \$250.00	\$250.00
Last Name Greenberg	First Name Arnold		MI C	Cash	contribution:  X Personal Cl / Order Credit/Deb	heck 0067	ution ID#	Amount of Contribution
Residential Street Address 65 Westwood Rd		City West Hartford		State CT	Zip Code 06117	Date Receiv 02/24/20		
Principal Occupation private investor		Name of Employer self		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	ibutions \$500.00	\$500.00

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Oz For Governor, Inc.									Origina	al 04/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name Howey	First Name Gregory			MI B	Cash	contribution:    X   Personal C		Contribution 0061	ı ID#	Amount of Contribution
Residential Street Address 580 Shuttle Meadow Ave		City New Brit	ain		State CT	Zip Code 06052		Pate Received 12/24/2010		
Principal Occupation President		Name of E Okay In	mployer dustries			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contributi \$3,50		\$3,500.00
Last Name Finigan	First Name Agnes			MI	Cash	contribution:  X Personal C y Order Credit/Del		Contribution 0060	n ID#	Amount of Contribution
Residential Street Address 11 Anja Dr		City Simsbury	у		State CT	Zip Code 06070		Pate Received 12/24/2010		
Principal Occupation student/housewife		Name of E self	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contributi \$1,00		\$1,000.00
Last Name Krabek	First Name Karl			MI j	Cash	contribution:    X   Personal C		Contribution 0062	ı ID#	Amount of Contribution
Residential Street Address 11 Pembroke Dr		City Avon			State CT	Zip Code 06001		Pate Received 12/26/2010		
Principal Occupation  Consultant		Name of E Self	mployer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contributi \$3,50		\$3,500.00
Last Name MacKenzie	First Name Hugh			MI C	Cash	contribution:  X Personal C y Order Credit/Del		Contribution 0063	ı ID#	Amount of Contribution
Residential Street Address 20 Evarts Ln		City Madison			State CT	Zip Code 06443		Pate Received 12/26/2010		
Principal Occupation Retired		Name of E Retired	mployer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependen	outor a lobbyis t child of a lob	byist?	Aggre	egate Contributi \$25	ions 50.00	\$250.00

		I. N	MONETARY RE	CEIPTS	S (Sectio	on A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. It	temized Contributi	ons from	ı Individ	uals				
Last Name Bailey	First Name Juergen			MI F	Cash	contribution:  X Personal ( y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 12 Lincoln Ln		City Simsbur	у		State CT	Zip Code 06089		ate Received 2/26/201		
Principal Occupation  Management		Name of E		_	•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob Yes X		Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Zweiner	First Name David			MI K	Cash	contribution:  X Personal of the property of t		Contributi 0065	on ID#	Amount of Contribution
Residential Street Address 150 Scarborough St		City Hartford			State CT	Zip Code 06105		ate Received 2/26/201		
Principal Occupation Investor/Consultant		Name of E Self	imployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	outor a lobbyis t child of a lob Yes		Aggre	gate Contrib	utions 500.00	\$3,500.00
Last Name Eagan	First Name Mark			MI	Cash	contribution: Personal ( y Order X Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 7 Momrow Ter		City Albany			State NY	Zip Code 12204		ate Received		
Principal Occupation  Management		Name of E Albany- Comme	Colonie Regional Cha	mber of	•	Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob Yes		Aggre	egate Contribu	utions \$50.00	\$50.00
Last Name Gregory	First Name John			MI	Cash	contribution: Personal of the property of the		Contributi 0115	on ID#	Amount of Contribution
Residential Street Address PO Box 562		City Slatersv	ille		State RI	Zip Code 02876		ate Received 2/26/201		
Principal Occupation  Executive		Name of E Norther	mployer n RI Chamber of Com	imerce	•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lob	obyist?	Aggre	gate Contrib	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Oz For Governor, Inc.							Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name Chesshir	First Name Jay		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 011	ibution ID #	Amount of Contribution
Residential Street Address 17200 Lamarche Blvd		City Little Rock		State AR	Zip Code 72223	Date Rece 02/26/2		
Principal Occupation  Management		Name of Employer Little Rock Regional Chmber Commerce	of	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Con	\$200.00	\$200.00
Last Name Connors	First Name Bill		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 011	ibution ID #	Amount of Contribution
Residential Street Address 919 E Boise Ave		City Boise		State ID	Zip Code 83706	Date Rece 02/26/2		
Principal Occupation Chamber Executive		Name of Employer Boise Metro Chamber			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	stributions \$100.00	\$100.00
Last Name Oberwetter	First Name James		MI C	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 011	ibution ID #	Amount of Contribution
Residential Street Address 5220 Westgrove Dr		City Dallas		State TX	Zip Code 75248	Date Rece 02/26/2		
Principal Occupation President		Name of Employer Dallas Regional Chamber			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cor	stributions \$100.00	\$100.00
Last Name Drury	First Name Carl		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 011	ibution ID #	Amount of Contribution
Residential Street Address 70 Zenith Ln		City Glastonbury		State CT	Zip Code 06033	Date Rece 02/27/2		
Principal Occupation Sales mngr		Name of Employer EMC Corporation			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Oz For Governor, Inc.							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name Adkisson	First Name Dave		MI	Cash	contribution:  Personal Cl	neck 0120	oution ID #	Amount of Contribution
Residential Street Address 1000 Richmond Rd		City Lexington		State KY	Zip Code 40502	Date Receive 02/28/20		
Principal Occupation President/CEO		Name of Employer Kentucky Chamber of Comm	nerce	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ributions \$200.00	\$200.00
Last Name Fleming	First Name Dick		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0121	oution ID #	Amount of Contribution
Residential Street Address 45 Kingsbury Pl		City St Louis		State MO	Zip Code 63112	Date Receiv		
Principal Occupation President & CEO		Name of Employer St. Louis Chamber & Growth Association	ı		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$250.00	\$250.00
Last Name Kelley	First Name Kara		MI	Cash	contribution: Personal Cl  Order X Credit/Debi	neck 0122	oution ID#	Amount of Contribution
Residential Street Address 9629 Camden HIs		City Las Vegas		State NV	Zip Code 89145	Date Receiv		
Principal Occupation  Executive		Name of Employer Las Vegas Chamber of Comr	merce		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$250.00	\$250.00
Last Name Huston	First Name Ron		MI E	Cash	contribution:    X   Personal Cl	neck 0088	oution ID#	Amount of Contribution
Residential Street Address 16 Woodchuck Hill Rd		City West Simsbury		State CT	Zip Code 06092	Date Receive 02/28/20		
Principal Occupation Insurance Agent		Name of Employer State Farm Insurance			Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Cont	ributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Oz For Governor, Inc.							Origin	al 04/12/2010	
		B. Itemized Contribu	tions fron	ı Individu	ıals		•		
Last Name Meaney	First Name Joseph		MI V	Cash	contribution:    X   Personal C	0089	tion ID#	Amount of Contribution	
Residential Street Address  8 Westborough Dr		City Simsbury		State CT	Zip Code 06089	Date Receive 02/28/20			
Principal Occupation Attorney		Name of Employer self			Is this contribution associal fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00	
Last Name Flaherty	First Name Kevin		MI E	Cash	contribution:  X Personal C y Order Credit/Deb	0090	tion ID#	Amount of Contribution	
Residential Street Address 28 Colony Rd		City West Hartford		State CT	Zip Code 06117	Date Receive 02/28/20:			
Principal Occupation  Banker		Name of Employer Webster Bank		•	Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$200.00	\$200.00	
Last Name Bell	First Name Eileen		MI L	Cash	contribution:  X Personal C y Order Credit/Deb	0091	tion ID #	Amount of Contribution	
Residential Street Address 39 Kingsbridge		City Avon		State CT	Zip Code 06001	Date Receive 02/28/20:			
Principal Occupation Supervisor		Name of Employer Hospital of Central CT		•	Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contril	butions \$500.00	\$500.00	
Last Name Bell	First Name James		MI J	Cash	contribution:  X Personal City Order Credit/Deb	0092	tion ID#	Amount of Contribution	
Residential Street Address 39 Kingsbridge		City Avon		State CT	Zip Code 06001	Date Receive 02/28/202			
Principal Occupation  Manager		Name of Employer CT Business & Industry Ass	oc	•	Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$500.00	\$500.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Oz For Governor, Inc.							Origin	al 04/12/2010	
		B. Itemized Contri	outions f	from Individ	uals		•		
Last Name Miller	First Name Grace		MI	x Cash	Contribution: Personal C by Order Credit/Del	Check 0068	ution ID#	Amount of Contribution	
Residential Street Address 53 E 95th Apt 3B		City New York		State NY	Zip Code 10128	Date Receiv 02/28/20			
Principal Occupation Teacher		Name of Employer Archdioces of New York		·	Is this contribution associ- fundraising event listed in If yes, list Event # 022		X Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		ontributor a lobbyis endent child of a lol Yes		Aggregate Contr	\$100.00	\$100.00	
Last Name Gill	First Name Scott		MI	Cash	contribution:  X Personal C  y Order Credit/Del	Check 0069	ution ID#	Amount of Contribution	
Residential Street Address 135 Northington Dr		City Avon		State CT	Zip Code 06001	Date Receiv 02/28/20			
Principal Occupation Insurance		Name of Employer Travelers		•	Is this contribution associfundraising event listed in If yes, list Event # 023	Section J1?	X Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		ontributor a lobbyis endent child of a lol Yes		Aggregate Contr	ibutions \$100.00	\$100.00	
Last Name Swenson	First Name Laura		MI H	Cash	contribution:    X   Personal C	Check 0070	ution ID#	Amount of Contribution	
Residential Street Address 19 Lawton Dr		City Simsbury		State CT	Zip Code 06070	Date Receiv 02/28/20			
Principal Occupation Teacher		Name of Employer Canton Intermediate Sch	iool	•	Is this contribution associ fundraising event listed in If yes, list Event # 023	Section J1?	X Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	Is co	ontributor a lobbyis endent child of a lol Yes		Aggregate Contr	ibutions \$100.00	\$100.00	
Last Name Fitzpatrick	First Name Paul		MI B	Cash	contribution:  X Personal C  y Order Credit/Del	Check 0073	ution ID#	Amount of Contribution	
Residential Street Address  22 Main Street Ext # A-6		City Simsbury		State CT	Zip Code 06081	Date Receiv 02/28/20			
Principal Occupation Teacher		Name of Employer Northwest Catholic High	School		Is this contribution associfundraising event listed in If yes, list Event # 022	Section J1?	X Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		ontributor a lobbyis endent child of a lol Yes		Aggregate Contr	ibutions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Oz For Governor, Inc.							Origin	al 04/12/2010	
		B. Itemized Contributi	ons from	Individu	ıals				
Last Name Elliott	First Name Bruce		MI H	Cash	contribution:  X Personal Cl  / Order Credit/Deb	0074	tion ID#	Amount of Contribution	
Residential Street Address 21 Lincoln Ln	l	City Simsbury		State CT	Zip Code 06089	Date Receive 02/28/20			
Principal Occupation Human Resources Director		Name of Employer ProHealth Physicians		•	Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00	
Last Name Barry	First Name Mary		MI A	Cash	contribution:  X Personal Cl / Order Credit/Deb	0076	tion ID#	Amount of Contribution	
Residential Street Address 7 Midlands Dr		City Avon		State CT	Zip Code 06001	Date Receive			
Principal Occupation  Development Associate		Name of Employer CT Childrens Medical Center			Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contri	butions \$200.00	\$200.00	
Last Name Keane	First Name John		MI F	Cash	contribution:  X Personal Cl / Order Credit/Deb	0077	tion ID#	Amount of Contribution	
Residential Street Address 25 Joshua Rd		City West Simsbury		State CT	Zip Code 06092	Date Receive			
Principal Occupation Owner		Name of Employer Interim Healthcare			Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contri	butions \$200.00	\$200.00	
Last Name Walsh	First Name William		MI J	Cash	contribution:    X   Personal Cl	heck 0079	tion ID#	Amount of Contribution	
Residential Street Address 272 Stratton Brook Rd		City West Simsbury		State CT	Zip Code 06092	Date Receive			
Principal Occupation Social Worker		Name of Employer The Passionists			Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contri	butions \$250.00	\$250.00	

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Oz For Governor, Inc.							Origin	nal 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name Walsh	First Name Patricia		MI L	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 00	entribution ID #	Amount of Contribution
Residential Street Address 272 Stratton Brook Rd		City West Simsbury		State CT	Zip Code 06092	Date Re 02/28	eceived B/2010	
Principal Occupation  Director of Advancement		Name of Employer Northwest Catholic High Sch	ool		Is this contribution associa fundraising event listed in If yes, list Event # 022		X Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$250.00	\$250.00
Last Name Gavrich	First Name Lawrence		MI J	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 00	ntribution ID#	Amount of Contribution
Residential Street Address 5 Millstone Dr		City Avon		State CT	Zip Code 06001	Date Re 02/28	eceived 3/2010	
Principal Occupation  Real Estate		Name of Employer Home on the Course LLC		•	Is this contribution associa fundraising event listed in If yes, list Event # 022		X Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$250.00	\$250.00
Last Name Lilliquist	First Name John		MI	Cash	contribution:    X   Personal Cl	neck 00	ntribution ID#	Amount of Contribution
Residential Street Address 6 Caryn Ln		City Weatogue		State CT	Zip Code 06089	Date Re	eceived 3/2010	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$250.00	\$250.00
Last Name Hug	First Name Christoph	er	MI J	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 00	ntribution ID#	Amount of Contribution
Residential Street Address 5 Caryn Ln		City Weatogue		State CT	Zip Code 06089	Date Re 02/28	eceived 3/2010	
Principal Occupation  Lawyer		Name of Employer Robinson & Cole			Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$300.00	\$300.00

		I. MONE	ETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								]	FILING	DUE DATE
Oz For Governor, Inc.								,	Origina	al 04/12/2010
		B. Itemize	d Contributi	ons from	Individu	ıals				
Last Name Bermel	First Name John			MI J	Cash	contribution:  X Personal C  y Order Credit/Deb		Contribution 0084	ID#	Amount of Contribution
Residential Street Address 237 Old Farms Rd		City Simsbury			State CT	Zip Code 06070		ate Received 2/28/2010		
Principal Occupation Insurance		Name of Employer Aetna			-	Is this contribution association fundraising event listed in If yes, list Event # 022	Section J			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive L	es X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contributio	ons 0.00	\$300.00
Last Name Skomorowski	First Name Christoph	er		MI R	Cash	contribution:  X Personal C y Order Credit/Del		Contribution 0085	ID#	Amount of Contribution
Residential Street Address 48 Highwood		City Simsbury			State CT	Zip Code 06070		ate Received 2/28/2010		
Principal Occupation  Exec		Name of Employer Bicron Electron	iics		-	Is this contribution association fundraising event listed in If yes, list Event # 022				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive L	es X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribution \$50	ons 0.00	\$500.00
Last Name Boelhouwer	First Name			MI M	Cash	contribution:    X   Personal C		Contribution 0086	ID#	Amount of Contribution
Residential Street Address 32 Penfield Pl		City Farmington			State CT	Zip Code 06032		ate Received 2/28/2010		
Principal Occupation  Manager		Name of Employer Oracle Elevator	r		•	Is this contribution association fundraising event listed in If yes, list Event # 022	Section J			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive L	es X No	dependent	child of a lob	byist?	Aggre	gate Contributio		\$1,000.00
Last Name Rohrs	First Name Kathleen			MI F	Cash	contribution:  X Personal C  y Order Credit/Deb		Contribution 0087	ID#	Amount of Contribution
Residential Street Address 3 Caryn Ln		City Weatogue			State CT	Zip Code 06089		ate Received 2/28/2010		
Principal Occupation homemaker		Name of Employer self				Is this contribution association fundraising event listed in If yes, list Event # 022	Section J			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive L	es X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribution		\$1,000.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Oz For Governor, Inc.							Origin	al 04/12/2010		
		B. Itemized Contrib	utions fro	om Individu	ıals					
Last Name Bednarcyk	First Name Susan		MI	Cash	contribution:    X   Personal C y Order	heck 007	ibution ID #	Amount of Contribution		
Residential Street Address 119 E Weatogue St		City Simsbury		State CT	Zip Code 06070	Date Rece 02/28/2				
Principal Occupation advertising/marketing		Name of Employer self		•	Is this contribution associa fundraising event listed in If yes, list Event # 022		X Yes No			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		tributor a lobbyis lent child of a lob Yes	byist?	Aggregate Co	\$100.00	\$100.00		
Last Name Piecuch	First Name Gregory		MI W	Cash	contribution:  X Personal C y Order Credit/Deb	heck 007	ibution ID #	Amount of Contribution		
Residential Street Address 3 Michael Rd		City Simsbury		State CT	Zip Code 06070	Date Rece 02/28/2				
Principal Occupation Attorney		Name of Employer Krell, McNamara			Is this contribution associa fundraising event listed in If yes, list Event # 022		X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		tributor a lobbyis ent child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00		
Last Name Maguire	First Name Betsy		MI L	Cash	contribution:  X Personal C y Order Credit/Deb	heck 007	ibution ID #	Amount of Contribution		
Residential Street Address 49 Drumlin Rd		City West Simsbury		State CT	Zip Code 06092	Date Rece 02/28/2				
Principal Occupation homemaker		Name of Employer self			Is this contribution association fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		tributor a lobbyis lent child of a lob Yes	bbyist?	Aggregate Co	\$100.00	\$100.00		
Last Name Ecker	First Name Roberto		MI C	Cash	contribution:  X Personal C y Order Credit/Deb	heck 007	ibution ID #	Amount of Contribution		
Residential Street Address 40 Blue Ridge Dr		City Weatogue		State CT	Zip Code 06089	Date Rece 02/28/2				
Principal Occupation  Executive		Name of Employer The Hartford		•	Is this contribution association fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		tributor a lobbyis ent child of a lob Yes	byist?	Aggregate Cor	stributions \$250.00	\$250.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Oz For Governor, Inc.							Origin	al 04/12/2010		
		B. Itemized Contribu	itions fron	n Individu	ıals					
Last Name	First Name		MI	Method of	contribution:	Contribu	tion ID#	Amount of		
Ayer	Ramani			Cash Money	y Order	0096		Contribution		
Residential Street Address		City		State	Zip Code	Date Receive	d			
22 Pasture Ln		West Simsbury		СТ	06092	03/01/20	10	1		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions ,500.00	\$3,500.00		
Last Name Andruszkiewicz	First Name Danielle		MI	Cash	contribution:    X   Personal Cl y Order   Credit/Deb	0097	tion ID#	Amount of Contribution		
Residential Street Address 3338 Peachtree Rd NE # 3502		City Atlanta		State GA	Zip Code 30326	Date Receive				
Principal Occupation mother		Name of Employer n/a			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions ,000.00	\$1,000.00		
Last Name Mandell	First Name Mark		MI N	Cash	contribution:  X Personal Cl y Order Credit/Deb	0098	tion ID#	Amount of Contribution		
Residential Street Address 27 Porter		City West Hartford		State CT	Zip Code 06117	Date Receive 03/01/20				
Principal Occupation  Executive		Name of Employer Data-Mail, Inc		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions ,500.00	\$3,500.00		
Last Name Roffe	First Name Andrew		MI S	Cash	contribution:    X   Personal Cl	heck 0101	tion ID#	Amount of Contribution		
Residential Street Address 1192 Park Ave Apt 1D		City New York		State NY	Zip Code 10128	Date Receive				
Principal Occupation Attorney		Name of Employer Robinson & Cole LLC		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$250.00	\$250.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FIL	ING DUE DATE		
Oz For Governor, Inc.							Ori	ginal 04/12/2010		
		B. Itemized Contributi	ons fron	Individu	ıals					
Last Name Maglio	First Name Michael		MI F	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution		
Residential Street Address 35 Leigh Gate Rd		City Glastonbury		State CT	Zip Code 06033		Received 01/2010			
Principal Occupation Attorney		Name of Employer Robinson & Cole LLc		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$250.0	0 \$250.00		
Last Name Kolosky	First Name Michael		MI J	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution		
Residential Street Address 27 Ribera Ln		City Middletown		State CT	Zip Code 06457		Received 01/2010			
Principal Occupation Attorney		Name of Employer Robinson & Cole LLC			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$100.0	\$100.00		
Last Name Tobin	First Name Rhonda		MI J	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution		
Residential Street Address 4 Anja Dr		City Simsbury		State CT	Zip Code 06070		Received 01/2010			
Principal Occupation Attorney		Name of Employer Robinson & Cole LLC			Is this contribution associate fundraising event listed in If yes, list Event #		Yes			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.0	\$100.00		
Last Name Guanci	First Name Matthew		MI J	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	4 Amount of Contribution		
Residential Street Address 299 Farmcliff Dr		City Glastonbury		State CT	Zip Code 06033		Received 01/2010			
Principal Occupation Attorney		Name of Employer Robinson & Cole LLC			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.0	\$100.00		

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Lynch	John			В	Cash Money	y Order		0106		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
15 Clove HI		Wethersf	ïeld		СТ	06109	0	3/01/2010	)	
Principal Occupation  Lawyer		Name of Er Robinsor	nployer n & Cole LLC		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$300.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of
Smith	Robert			Н	Cash Money	y Order Personal Credit/De		0108		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
39 Scarborough St		Hartford			СТ	06105	0	3/01/2010	)	
Principal Occupation		Name of Er	nployer		•	Is this contribution assoc			Yes	
Lawyer		Robinsor	1 & Cole LLC			fundraising event listed is If yes, list Event #	n Section .	x	No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Hadden	J.C. David	I			Cash Money	y Order X Personal Credit/De		0109		Contribution
Residential Street Address		City		•	State	Zip Code	Е	ate Received		
10 Talcott Mountain Rd		Simsbury	′		СТ	06070	0	3/01/2010	)	
Principal Occupation		Name of Er				Is this contribution assoc fundraising event listed in			Yes	
Attorney		Robinsor	า & Cole			If yes, list Event #	i beetion .	x	No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
government the contract is with:	<u>_</u>	Executive	Legislative	+ -	I		<u> </u>	1		<u> </u>
Last Name Daniels	First Name Eric			MI D	Cash	contribution:    X   Personal of the property		Contributio	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
112 Quail Run		Glastonb	ury		СТ	06033	0	3/01/2010	)	
Principal Occupation		Name of Er	nployer		•	Is this contribution assoc			Yes	
Attorney		Robinsor	n & Cole			fundraising event listed is If yes, list Event #	a section .	x	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob	-		\$1,0	00.00	\$1,000.00
government the contract is with:		LACCULIVE	Legislative	1	ت	*10	1			<u>i</u>

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING DO											
Oz For Governor, Inc.									Origin	al 04/12/2010	
		B. Itemize	ed Contribution	ons from	Individu	ıals					
Last Name McDowell	First Name Linda			MI J	Cash	contribution:  X Personal y Order Credit/De		Contribution 0107	on ID#	Amount of Contribution	
Residential Street Address 35 Old Farms Rd		City Andover			State CT	Zip Code 06232		Pate Received			
Principal Occupation Attorney		Name of Employer Robinson & Co	ole LLC			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Ves X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	ations \$50.00	\$50.00	
Last Name Sheehy	First Name Tim			MI	Cash	contribution: Personal y Order X Credit/De		Contribution 0123	on ID#	Amount of Contribution	
Residential Street Address 756 N Milwaukee St		City Milwaukee			State WI	Zip Code 53217		ate Received			
Principal Occupation  President		Name of Employer			•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	ves X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	utions 300.00	\$300.00	
Last Name Devereaux	First Name Barbara			MI	Cash	contribution: Personal y Order X Credit/De		Contribution 0124	on ID#	Amount of Contribution	
Residential Street Address 421 W 3rd St Apt 1900		City Austin			State TX	Zip Code 78701		ate Received			
Principal Occupation Insurance		Name of Employer New York Life			•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Ves X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribu \$3,	utions 500.00	\$3,500.00	
Last Name Dowling	First Name Vincent			MI J	Cash	contribution:  X Personal y Order Credit/De		Contribution 0099	on ID#	Amount of Contribution	
Residential Street Address 54 Ledyard Rd		City West Hartford			State CT	Zip Code 06117		ate Received			
Principal Occupation Investor		Name of Employer Dowling Corpo				Is this contribution assoc fundraising event listed i If yes, list Event #		I1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Ves X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	utions 490.00	\$3,490.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING D										
Oz For Governor, Inc.							Origin	al 04/12/2010		
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name Wallace	First Name Chris		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0125	ution ID#	Amount of Contribution		
Residential Street Address 9809 Canyon Crest Cir		City Irving		State TX	Zip Code 75063	Date Receiv 03/03/20				
Principal Occupation President/CEO		Name of Employer  Greater irving-Las Colinas Cl of Commerc	hamber		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob 'es	byist?	Aggregate Conti	ibutions \$100.00	\$100.00		
Last Name Wollert	First Name Grace		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0094	ution ID#	Amount of Contribution		
Residential Street Address 6 Washburn Dr		City Simsbury		State CT	Zip Code 06070	Date Receiv				
Principal Occupation Administration		Name of Employer Melanson & Spagna		•	Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00		
Last Name Payne	First Name William		MI T	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0093	ution ID#	Amount of Contribution		
Residential Street Address 3 Red Oak Ct		City Weatogue		State CT	Zip Code 06089	Date Receiv				
Principal Occupation Financial Advisor		Name of Employer UBS Financial Services		•	Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Conti	ibutions \$250.00	\$250.00		
Last Name Belding	First Name Harriet		MI C	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0095	ution ID#	Amount of Contribution		
Residential Street Address 402 Timber Ln		City Canton		State CT	Zip Code 06019	Date Receiv				
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	ibutions \$50.00	\$50.00		

NAME OF COMMITTEE	I. MONETARY RECEIPTS (Section A-I)										
Last Name   Barry   MI   Method of contributions from Individual   Personal Clock   Contribution   Property   Process   Clock   Process   Proces	NAME OF COMMITTEE									FILING	G DUE DATE
	Oz For Governor, Inc.									Origin	al 04/12/2010
Sprung			B. Iten	nized Contributio	ons from	Individu	ıals				
Residential Section   Sect	Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
1	Sprung	Barry					=		0126		Contribution
Name of Employer   Cohen & Sprung   Security   Securi	Residential Street Address		City			State	Zip Code	Е	Date Received	l	
Cohen & Sprung   Security   Sec	12 N Star Rd		Closter			NJ	07624	0	3/04/201	0	
Exception   Process   Pr			_	-						Yes	
state contractor?   Executive   Legislative	СРА		Cohen & S	prung			_	- Section .		No	
Executive   Legislative   Le	I	or prospective		Yes X No			-	Aggre	egate Contrib	utions	
Lubozynski Mary   City   Code   Cash   Money Order   Ceceliz Debit Cand   Dita   Contribution	Is yes, indicate which branch or branches of		Executive	Legislative	1 —		-		\$	500.00	\$500.00
Residential Street Address 8021 Tiger Palm Way    State   Suppose   State contractor   State contractor   Prospective   State	Last Name	First Name			MI	Method of			Contributi	on ID#	Amount of
South Tiger Palm Way   Fort Myers   File   33966-6454   03/04/2010   Principal Occupation   Name of Employer   n/a   South Date Received   Ossible Contributor a principal of a state contractor?   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor a principal of a state contractor or prospective   South Date Received   Ossible Contributor   Ossible Contributor   Ossible Contrib	Lubozynski	Mary				_	=		0110		Contribution
Name of Employer n/a   Name of Employer n/a   State contractor or prospective sequence that of a lobbyist, spoase, or dependent child of a lobbyist, spoas	Residential Street Address		City			State	Zip Code				
Southbufor a principal of a state contractor or prospective state contractor   Syes, indicate which branch or branches of beyonder child of a lobbysist?   State contractor   Syes, indicate which branch or branches of beyonder child of a lobbysist?   Syes, indicate which branch or branches of beyonder child of a lobbysist?   Syes, indicate which branch or branches of beyonder child of a lobbysist?   Syes, indicate which branch or branches of benefit of branches of branches of branches of benefit of branches	8021 Tiger Palm Way		Fort Myers			FL	33966-6454	0	3/04/201	0	
Is contributor a principal of a state contractor or prospective state or prospect				oyer						Yes	
state contractor?  Lust Name Lubozynski  Residential Street Address 8021 Tiger Palm Way  Principal Occupation Consultant    Name of Employer retired   Legislative   Legis	housewife		n/a				_		<u> </u>	No	
Executive   Legislative   Le	Is contributor a principal of a state contractor	or prospective	[	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	
Last Name   Lubozynski   Dennis			г	7	1 <sup>-</sup>		*		\$3,	500.00	\$3,500.00
Lubozynski Dennis    J	government the contract is with:	<u> Ц</u>	Executive	Legislative					1		<u> </u>
Residential Street Address 8021 Tiger Palm Way  Fort Myers  Name of Employer retired  Name of Employer retired  State Zip Code O3/04/2010  Principal Occupation consultant  Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #								Theck		on ID#	
Solid Tiger Palm Way   Fort Myers   FL   33966-6454   03/04/2010	Lubozyriski	Dellilis	r		,	_			0111		Contribution
Principal Occupation consultant  Name of Employer retired  Name of Employer retired  Yes X No Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:  Last Name Hunt  First Name Chuck  MI  Method of contribution: Cash Money Order Money Order Credit/Debit Card  Name of Employer Retired  Name of Employer Retired  Name of Employer Retired  Name of Employer Retired  Is this contribution associated with a fundraising event listed in Section J1? Is the contraction of Section J1? Is this contribution associated with a fundraising event listed in Section J1? Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #  No  Aggregate Contributions \$3,500.00 \$3,500.00  \$3,500.00  \$4,500.00  Amount of Contribution ID # O112  Amount of Contribution O3/04/2010  State Zip Code Date Received O3/04/2010  Date Received O3/04/2010  Fincipal Occupation Retired  Name of Employer Retired  Name of Employer Retired  Aggregate Contributions Square Aggregate Contributions Aggregate Contribution ID # O112  Amount of Contribution ID # O12  Amount of Contribution ID # O12  Amount of Contribution ID # O12  Amount of Contribution ID # O14  Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #  Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #  Aggregate Contribution ID # O12  Amount of Contribution ID # O12  Amount of Contribution ID # O14  Amount of Contribution ID # O15  Amount of Contribution ID # O16  Amount of Contribution ID # O17  Amount of Contribution ID # O18  Amount of Contribution ID # O19  Amount of Co			l '				l -				
Is contributor a principal of a state contractor or prospective state contractor?  Is yes, indicate which branch or branches of government the contract is with:  Last Name Hunt  Residential Street Address 188 Emerson Ave    City	8021 Tiger Palm Way		Fort Myers			FL	33966-6454	0	)3/04/201	0	ļ
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:  Last Name Hunt    First Name   Chuck   Chuck   Chuck   Chuck   Contribution   Chuck   Contribution   Chuck   Contribution   Chuck   Contribution				loyer					J1?		
state contractor? Is yes, indicate which branch or branches of government the contract is with:    Last Name   Hunt   Executive   Legislative   Legislative   Legislative   Legislative   Legislative   Legislative   Legislative   Legislative   State   No	consultant		retirea				_		<u>&gt;</u>	No	
Is yes, indicate which branch or branches of government the contract is with:  Last Name Hunt  Residential Street Address 188 Emerson Ave  Principal Occupation Retired  Retired  Retired  Retired  Residential of a state contractor or prospective state contractor or prospective state contractor?  State Vip Code NY 10530  Regregate Contributions  State Vip Code NY 10530  State Vip Code NY 10530  Regregate Contributions  State Sup Code NY 10530  State Vip Code NY 10530  State Vip Code NY 10530  Regregate Contributions  Amount of Contribution  Amount of Contribution  Contribution  State Vip Code NY 10530  State Vip Code NY 10530  State Vip Code NY 10530  State Sup Code NY 10530  State Sup Code NY 10530  State Sup Code NY No  Aggregate Contributions  Aggregate Contributions	I	or prospective	. [	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	
Last Name   First Name   Chuck   MI   Method of contribution:				<b>7</b>	I —		-		\$3,	500.00	\$3,500.00
Hunt Chuck C			Executive	Legislative					1		
Residential Street Address  188 Emerson Ave  Principal Occupation Retired  Name of Employer Retired  Retired  Retired  Name of Employer Retired  Aggregate Contributions  Aggregate Contributions					MI		_	Check		on ID#	
188 Emerson Ave Hartsdale NY 10530 03/04/2010  Principal Occupation Retired Name of Employer Retired Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  Aggregate Contributions	Hunt	Chuck					=	bit Card	0112		Contribution
Principal Occupation Retired  Name of Employer Retired  Is this contribution associated with a fundraising event listed in Section J1? X No  Is contributor a principal of a state contractor or prospective state contractor?  Aggregate Contributions  Aggregate Contributions	Residential Street Address		City			State	Zip Code	Е	Date Received	l	
Retired  Retired  Retired  Section J1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective  State contractor?  Aggregate Contributions  Aggregate Contributions	188 Emerson Ave		Hartsdale			NY	10530	0	3/04/201	0	
If yes, list Event # X No  Is contributor a principal of a state contractor or prospective  State contractor?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Aggregate Contributions				loyer						Yes	
state contractor?	Retired		Retired				_		<u> </u>	No	
state contractor?	Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of sovernment the contract is with:  Executive Legislative Yes X No	Is yes, indicate which branch or branches of		Executive	Legislative	1 —		-		\$	100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	NG DUE DATE		
Oz For Governor, Inc.							Origi	nal 04/12/2010		
		B. Itemized Contributi	ions fron	ı Individu	ıals					
Last Name Bromberg	First Name Christine		MI E	Cash	contribution:    X   Personal Character   Credit/Debi	neck 01	entribution ID #	Amount of Contribution		
Residential Street Address 15 Vardon Rd		City West Hartford		State CT	Zip Code 06117	Date Re	eceived 4/2010			
Principal Occupation Attorney		Name of Employer Robinson & Cole LLP		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (	Contributions \$100.00	\$100.00		
Last Name Vaughn	First Name Maureen		MI O	Cash	contribution:  X Personal Cl / Order Credit/Debi	neck 01	ntribution ID #	Amount of Contribution		
Residential Street Address 24 Elaine Dr		City Simsbury		State CT	Zip Code 06070	Date Re 03/05	eceived 5/2010			
Principal Occupation  Data entry		Name of Employer FV YMCA		•	Is this contribution associal fundraising event listed in If yes, list Event # 022		X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (	Contributions \$100.00	\$100.00		
Last Name Murnane	First Name Mark		MI A	Cash	contribution:    X   Personal Character   Credit/Debit	neck 01	entribution ID #	Amount of Contribution		
Residential Street Address 160 Nod Rd		City Avon		State CT	Zip Code 06001	Date Re 03/05	eceived 5/2010			
Principal Occupation Financial Services		Name of Employer The Hartford			Is this contribution associated fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (	Contributions \$100.00	\$100.00		
Last Name Schwartzman	First Name Karen		MI	Cash	contribution:  X Personal Ch / Order Credit/Debi	neck 01	ntribution ID#	Amount of Contribution		
Residential Street Address 9 Dartmouth Pl		City Boston		State MA	Zip Code 02116	Date Re 03/05	eceived 5/2010			
Principal Occupation crisis management consulting		Name of Employer self-Polaris Public Relations			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$500.00	\$500.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FI	ILING DUE DATE		
Oz For Governor, Inc.							Or	riginal 04/12/2010		
		B. Itemized Contributi	ons from	Individu	ıals					
Last Name	First Name		MI	Method of Cash	contribution:		Contribution ID	7 timount of		
Tanchum	Michael		L		y Order X Credit/Debi	10	0130	Contribution		
Residential Street Address 21 Chedworth Rd		City Scarsdale		State NY	Zip Code 10583		Received 05/2010			
Principal Occupation  Lawyer		Name of Employer Eisenberg, Tanchum & Levy		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		Ye X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate	e Contributions \$250.			
Last Name Sinatro	First Name Pat		MI L	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution ID	Amount of Contribution		
Residential Street Address 33 Glenwood		City West Hartford		State CT	Zip Code 06107		Received 05/2010			
Principal Occupation real estate/insurance		Name of Employer self			Is this contribution associal fundraising event listed in S If yes, list Event #		Ye x No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate	e Contributions \$100.			
Last Name Lord	First Name Frank		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck (	Contribution ID	O# Amount of Contribution		
Residential Street Address PO Box 230177		City Hartford		State CT	Zip Code 06123		Received 06/2010			
Principal Occupation retired		Name of Employer retired			Is this contribution associate fundraising event listed in the state of the state o		Ye x No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate	e Contributions \$100.			
Last Name Hopgood	First Name Suzanne		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck (	Contribution ID	O# Amount of Contribution		
Residential Street Address PO Box 230177		City Hartford		State CT	Zip Code 06123		Received 06/2010			
Principal Occupation  Managing Director		Name of Employer NACD			Is this contribution associal fundraising event listed in S If yes, list Event #		Ye x No			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. It	emized Contributi	ons from	Individu	ıals			•	
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Lutz	Lisa			В	Cash Mone	y Order X Credit/Del		0149		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
7443 Old Maple Sq		McLean			VA	22102	0	3/08/201	0	1
Principal Occupation		Name of E	mployer			Is this contribution associ- fundraising event listed in			Yes	
homemaker		self				If yes, list Event #	. Section .		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I -	child of a lot	•		\$	750.00	\$750.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Lecours	Ronald			G	Cash Mone	y Order Personal C		0131		Contribution
Residential Street Address		City			State	Zip Code	1	ate Received		
13 Lincoln Ln		Simsbur	У		СТ	06070	0	3/08/201	0	1
Principal Occupation		Name of E				Is this contribution associ- fundraising event listed in		1.7	Yes	
Investment Management		Ohanes	an/Lecours			· -	282010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of				I -	child of a lot	•		\$1,	00.00	\$1,000.00
government the contract is with:	L L	Executive	Legislative	<del>                                     </del>	res X		<u> </u>	1		1
Last Name Kraus	First Name Eileen			MI S	Method of Cash	contribution:	heck	Contributi	on ID#	Amount of Contribution
Nidus	Liiccii					y Order Credit/Del		0132		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
209 Tunxis Rd		West Ha	rtford		СТ	06107-3201	0	3/08/201	0	1
Principal Occupation		Name of E	mployer			Is this contribution associ- fundraising event listed in			Yes	
corporate director		self				If yes, list Event #	dection :	· ·	No	
Is contributor a principal of a state contractor	or prospective	l	Yes X No	Is contrib	utor a lobbyis	it, spouse, or	Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of	_				child of a lob	-		•	500.00	\$3,500.00
government the contract is with:		Executive	Legislative	'	res x	No	<u> </u>			1
Last Name Webster	First Name Gloria			MI E	Method of Cash	contribution:	'heck	Contributi	on ID#	Amount of
Webster	Gioria			[		y Order Credit/Del		0133		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received	ļ	]
6 Newman Rd		Newbury	,		MA	01951	0	3/08/201	0	<u> </u>
Principal Occupation		Name of E	mployer			Is this contribution associ			Yes	
retired		retired				fundraising event listed in If yes, list Event #	section.	) I	No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	at, spouse, or	Aggra	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of				dependent	child of a lob	byist?	15510	-	100.00	\$100.00
government the contract is with:		Executive	Legislative	L Y	es x	No	1			1

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Oz For Governor, Inc.							Origin	al 04/12/2010		
		B. Itemized Contributi	ons from	Individu	ıals		_			
Last Name Gallis	First Name Michael		MI	Cash	contribution:    X   Personal Cl	neck 0134	ution ID#	Amount of Contribution		
Residential Street Address 8333 Meadow Lakes Dr		City Charlotte		State NC	Zip Code 28210	Date Receiv 03/08/20				
Principal Occupation Urban Planning		Name of Employer Michael GAllis & Associates			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	\$500.00	\$500.00		
Last Name Suisman	First Name Michael		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0135	ution ID#	Amount of Contribution		
Residential Street Address 48 Orchard Rd		City West Hartford		State CT	Zip Code 06117	Date Receiv 03/10/20				
Principal Occupation President		Name of Employer Danny Corp.		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions \$500.00	\$500.00		
Last Name Goldfarb	First Name Robert		мі В	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0159	ution ID#	Amount of Contribution		
Residential Street Address 15 Ridgemont Dr		City West Hartford		State CT	Zip Code 06117	Date Receiv				
Principal Occupation President		Name of Employer HRW Resources			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions L,000.00	\$1,000.00		
Last Name Martin	First Name James		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0150	ution ID#	Amount of Contribution		
Residential Street Address 135 W 70th St # Phb		City New York		State NY	Zip Code 10023	Date Receiv				
Principal Occupation Trader		Name of Employer Caxton Associates LP			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	ibutions	\$1,000.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Oz For Governor, Inc.							Origin	al 04/12/2010		
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name Devereaux	First Name Kelly		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0151	ution ID #	Amount of Contribution		
Residential Street Address 475 Redwood St # 509	•	City San Diego	•	State CA	Zip Code 92103	Date Receiv 03/10/20				
Principal Occupation  Construction Mngr		Name of Employer DPR Construction			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Conti	ibutions 3,500.00	\$3,500.00		
Last Name Devereaux	First Name Doug		MI	Cash	contribution:  Personal Cl y Order X Credit/Deb	heck 0152	ution ID#	Amount of Contribution		
Residential Street Address 541 N Ash Dr		City Chandler		State AZ	Zip Code 85224	Date Receiv 03/10/20				
Principal Occupation  Head of Operations		Name of Employer C+D Partners		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions 3,500.00	\$3,500.00		
Last Name Esposito	First Name Peter		MI M	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0136	ution ID#	Amount of Contribution		
Residential Street Address 61 Blue Ridge Dr		City Weatogue		State CT	Zip Code 06089	Date Receiv				
Principal Occupation President		Name of Employer RCL Benzinger		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Conti	sibutions \$500.00	\$500.00		
Last Name Gulotta Jr.	First Name Stephen		MI J	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0137	ution ID#	Amount of Contribution		
Residential Street Address 40 Hidden Oak Rd		City Briarcliff Manor		State NY	Zip Code 10510	Date Receiv 03/10/20				
Principal Occupation Attorney		Name of Employer Mintz Levin Cohen Ferris Glo Pepeo,PC	ovsky and		Is this contribution associa fundraising event listed in If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob ves	byist?	Aggregate Conti	sibutions \$250.00	\$250.00		

		I. MO	NETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Oz For Governor, Inc.									Origina	al 04/12/2010
		B. Item	nized Contribution	ons from	Individu	ıals				
Last Name Anderson	First Name Calum			MI B	Cash	contribution:  X Personal C y Order Credit/Det		Contribution 0138	n ID#	Amount of Contribution
Residential Street Address 7 Quorn Hunt Rd		City West Simsb	ury		State CT	Zip Code 06092		ate Received 3/10/2010		
Principal Occupation Attorney		Name of Emplo Danaher, La	oyer agnese & Sacco, P	C		Is this contribution association fundraising event listed in If yes, list Event #		<sub>11?</sub> $\square$	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribut \$2	ions 00.00	\$200.00
Last Name Hickey	First Name Dan			MI	Cash	contribution: Personal C y Order X Credit/Del		Contribution	n ID#	Amount of Contribution
Residential Street Address 846 7th Ave		City New York			State NY	Zip Code 10019		ate Received 3/11/2010		
Principal Occupation  Consultant		Name of Emplo	-			Is this contribution association fundraising event listed in If yes, list Event #		<sub>11?</sub>	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribut \$3,5	ions 00.00	\$3,500.00
Last Name Martin	First Name James			MI	Cash	contribution:  Personal C  y Order X Credit/Det		Contribution	n ID#	Amount of Contribution
Residential Street Address 135 W 70th Ave # Phb		City New York			State NY	Zip Code 10023		ate Received		
Principal Occupation  Trader		Name of Emplo Caxton Ass	-			Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribut \$2,5	ions 00.00	\$2,500.00
Last Name Koppel	First Name Michael			MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution	n ID#	Amount of Contribution
Residential Street Address 6740 170th PI SE		City Bellevue			State WA	Zip Code 98006		ate Received 3/11/2010		
Principal Occupation CFO		Name of Emplo Nordstroms				Is this contribution association fundraising event listed in If yes, list Event # 03:	Section J		Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribut \$2	ions 50.00	\$250.00

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Oz For Governor, Inc.							(	Origina	ıl 04/12/2010
		B. Itemized Contribut	tions fron	ı Individu	ıals				
Last Name Liebowitz	First Name Jerome		MI	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution I	ID#	Amount of Contribution
Residential Street Address 1500 Palisade Ave # 15D		City Fort Lee		State NJ	Zip Code 07024		te Received /11/2010		
Principal Occupation attorney		Name of Employer self		•	Is this contribution associa fundraising event listed in If yes, list Event # 031		?		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution \$500		\$500.00
Last Name Michas	First Name Carolyn		MI	Cash	contribution:  Personal Cl y Order X Credit/Deb		Contribution I	ID#	Amount of Contribution
Residential Street Address 36 E 72nd St		City New York		State NY	Zip Code 10021		te Received /11/2010		
Principal Occupation homemaker		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1	? ☐:		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution \$1,000		\$1,000.00
Last Name Hiner	First Name Thomas		MI Y	Cash	contribution:  X Personal Cl y Order Credit/Deb		Contribution I	ID#	Amount of Contribution
Residential Street Address 145 W 67th		City New York		State NY	Zip Code 10023		te Received /11/2010		
Principal Occupation Attorney		Name of Employer Hunton & Williams LLP			Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1	11.		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggrega	ate Contribution		\$300.00
Last Name Schiller	First Name Stephen		MI M	Cash	contribution:  X Personal Cl y Order Credit/Deb		Contribution I	ID#	Amount of Contribution
Residential Street Address 1088 Park Ave		City New York		State NY	Zip Code 10128		te Received /11/2010		
Principal Occupation investment banker		Name of Employer Gordian Group, LLC		•	Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1	?     · ?		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution		\$300.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Oz For Governor, Inc.							(	Origina	1 04/12/2010
		B. Itemized Contributi	ons from	Individu	ıals				
Last Name O'Brien	First Name Russell		MI P	Cash	contribution:  X Personal Cl  / Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 39 William Fairfield Dr	•	City Wenham		State MA	Zip Code 01984		e Received /11/2010		
Principal Occupation head of sales		Name of Employer Nexar Capital Group			Is this contribution associa fundraising event listed in If yes, list Event # 031		11.		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution \$250		\$250.00
Last Name Goldstein	First Name Neil		MI S	Cash	contribution:  X Personal Cl  Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 61 W 62nd St # 23LM		City New York		State NY	Zip Code 10023		e Received /11/2010		
Principal Occupation attorney		Name of Employer Robinson Brog Lewwarnd et a	al	•	Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1?	11.		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributio \$250		\$250.00
Last Name Miller	First Name Keith		MI	Cash	contribution: Personal Cl  / Order X Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 205 Third Ave # 20A		City New York		State NY	Zip Code 10003		e Received /11/2010		
Principal Occupation Partner		Name of Employer Goode Partners LLC			Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1?	1 1 .		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggrega	ste Contribution \$1,000		\$1,000.00
Last Name Chapin	First Name Beth		MI L	Cash	contribution:    X   Personal Cl	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 262 Central Park W		City New York		State NY	Zip Code 10024		e Received /11/2010		
Principal Occupation homemaker		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1?	11.		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio		\$250.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Oz For Governor, Inc.							Orig	inal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name	First Name		MI	Method of	contribution:	Co	ontribution ID #	Amount of
Koster	Evan			Cash Money	Personal Cl x Credit/Debi	0:	144	Contribution
Residential Street Address		City		State	Zip Code	Date R	Received	7
34 Old Easton Tpke		Weston		СТ	06883	03/1	1/2010	_
Principal Occupation lawyer		Name of Employer Deweg & Lebeif LLp			Is this contribution associal fundraising event listed in 1 If yes, list Event # 031		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$250.00	\$250.00
Last Name Thompson	First Name Douglas		MI K	Cash	contribution:    X   Personal Character   Credit/Debi	neck 0:	ontribution ID#	Amount of Contribution
Residential Street Address 76 Warren Gln		City Burlington		State CT	Zip Code 06013		Received 2/2010	
Principal Occupation retired		Name of Employer retired		•	Is this contribution associate fundraising event listed in the state of the state o		Yes X No	7
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$2,000.00	\$2,000.00
Last Name Moon	First Name Hee-Jung		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 0:	ontribution ID#	Amount of Contribution
Residential Street Address 1130 Park Ave Apt 10-2	•	City New York	•	State NY	Zip Code 10128-1255		Received 5/2010	7
Principal Occupation homemaker		Name of Employer self		•	Is this contribution associate fundraising event listed in 1 If yes, list Event # 031	Section J1?	X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$2,000.00	\$2,000.00
Last Name Annon Jr.	First Name Robert		MI M	Cash	contribution:    X   Personal Character   Credit/Debi	neck 0:	ontribution ID#	Amount of Contribution
Residential Street Address 17 Essex Hills Rd		City Essex		State CT	Zip Code 06426		Received 5/2010	
Principal Occupation Banker		Name of Employer Webster Bank		•	Is this contribution associate fundraising event listed in 1 If yes, list Event # 032	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$250.00	\$250.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Smith Jr.	Richard			S	Cash Money	y Order X Personal Credit/De		0158		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
54 Glenwood Rd		West Har	tford		СТ	06107-1507	0	3/15/2010	)	_
Principal Occupation  Lawyer		Name of En	nployer Cullina LLP			Is this contribution associated fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob	byist?	Aggre	egate Contribu \$2	itions 250.00	\$250.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	Amount of
Bookman	Robert			S	Cash	y Order  X Personal  Credit/Do		0162	л по #	Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
7 Plains Dr		New City			NY	10956	0	3/15/2010	)	
Principal Occupation		Name of Er	mployer			Is this contribution associ		1^	Yes	
attorney		self				If yes, list Event # 03			No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	bbyist?	Aggre	egate Contribu \$2	utions 250.00	\$250.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Holden Jr.	Stuart				Cash Money	y Order X Personal Credit/De		0160		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
130 Main St		Farmingt	on		СТ	06032	0	3/15/2010	)	<u> </u>
Principal Occupation		Name of En				Is this contribution associ fundraising event listed		J1?	_	
President		Reciley	Manufacturing			If yes, list Event #		<u>x</u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	ĺ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 ~	child of a lob	•		\$2	250.00	\$250.00
government the contract is with:  Last Name	First Name			MI	I	contribution:		Contributio	on ID #	
Jain	Kiran				Cash	Personal y Order X Credit/De		0178	)II ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		1
25 Fir Grove Rd		Manchest	ter		СТ	06040	0	3/15/2010	)	]
Principal Occupation		Name of Er				Is this contribution associ			Yes	
airport development		Gmr Gro	up			If yes, list Event #	n beetion.	x	No	
Is contributor a principal of a state contractor state contractor?	or prospective	•	Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribu		\$1,000.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	No		\$1,C	00.00	\$1,000.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Oz For Governor, Inc.							С	Origina	1 04/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals		'		
Last Name Spence	First Name Carol		MI L	Cash	contribution: Personal Ch y Order X Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 30 Bayfield Rd		City <b>Wayland</b>		State MA	Zip Code 01778		e Received /16/2010		
Principal Occupation self employed		Name of Employer self		•	Is this contribution associate fundraising event listed in If yes, list Event #			res No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution		\$100.00
Last Name Bryson	First Name David		MI C	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 119 High St		City Charlestown		State MA	Zip Code 02129		e Received /16/2010		
Principal Occupation lawyer		Name of Employer Endurance International Gro	up	•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		?	res No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$200		\$200.00
Last Name Dobkin	First Name Eric		MI S	Cash	contribution:    X   Personal Character   Credit/Debit	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 160 Old Church Ln		City Pound Ridge		State NY	Zip Code 10576		e Received /17/2010		
Principal Occupation advisory director		Name of Employer Goldman Sachs and Co			Is this contribution associate fundraising event listed in State If yes, list Event #			res No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	ste Contribution \$3,500		\$3,500.00
Last Name Yarde	First Name Barbara		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 8047 Cape San Blas Rd		City Port Saint Joe		State FL	Zip Code 32456		e Received /17/2010		
Principal Occupation homemaker		Name of Employer self			Is this contribution associal fundraising event listed in S If yes, list Event #		Y X N	res No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	ste Contribution \$3,500		\$3,500.00

		I. MONETARY I	RECEIP	TS (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Oz For Governor, Inc.							Origin	al 04/12/2010
		B. Itemized Contrib	utions fro	om Individ	uals			
Last Name McGovern	First Name Robert		MI I	Cash	contribution: Personal C y Order X Credit/Deb	heck 0175	ution ID#	Amount of Contribution
Residential Street Address 6 Fieldstone Cir		City Whitman		State MA	Zip Code 02382	Date Receiv 03/17/20		
Principal Occupation  consultant		Name of Employer self		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		tributor a lobbyis lent child of a lob Yes	-	Aggregate Contr	sibutions \$100.00	\$100.00
Last Name Sargent	First Name James		MI R	Cash	contribution:  Personal C y Order X Credit/Deb	heck 0174	ution ID#	Amount of Contribution
Residential Street Address 996 Flanders Rd		City Southington		State CT	Zip Code 06489	Date Receiv 03/17/20		
Principal Occupation intern		Name of Employer Southington Schools		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		tributor a lobbyis lent child of a lob Yes	-	Aggregate Contr	spations \$20.00	\$20.00
Last Name O'Brien	First Name Russell		MI P	Cash	contribution:  Personal C y Order X Credit/Deb	heck 0173	ution ID#	Amount of Contribution
Residential Street Address 39 William Fairfield Dr		City Wenham		State MA	Zip Code 01984	Date Receiv 03/18/20		
Principal Occupation  Managing Director-sales		Name of Employer Nexar Capital			Is this contribution associated fundraising event listed in If yes, list Event #	Section J1?	Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		tributor a lobbyis lent child of a lob Yes	-	Aggregate Contr	\$250.00	\$250.00
Last Name Smith	First Name Geraldine		MI	Cash	contribution:  X Personal C y Order Credit/Deb	heck 0209	ution ID#	Amount of Contribution
Residential Street Address 126 W 80th St # 4		City New York		State NY	Zip Code 10024	Date Receiv 03/19/20		
Principal Occupation Sales		Name of Employer Advance Restaurant Finar	nce, LLC	•	Is this contribution association fundraising event listed in If yes, list Event # 031	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		tributor a lobbyis lent child of a lob Yes	obyist?	Aggregate Contr	ibutions \$250.00	\$250.00

		I. MON	ETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. Itemiz	ed Contributi	ons from	Individu	ıals				
Last Name Schaefer	First Name John			MI H	Cash	contribution:    X   Personal (		Contribution 0166	on ID#	Amount of Contribution
Residential Street Address 3 E 77th St # 15C		City New York			State NY	Zip Code 10021		ate Received 3/19/2010		
Principal Occupation retired		Name of Employe retired	r			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribu \$3,5	itions 500.00	\$3,500.00
Last Name Kahwaty	First Name John			MI A	Cash	contribution:  X Personal ( / Order Credit/De		Contribution 0167	on ID#	Amount of Contribution
Residential Street Address 27 Wareland Rd		City Wellesley			State MA	Zip Code 02481		ate Received 3/19/2010		
Principal Occupation Financial Consultants		Name of Employe Global Atlanti				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu	itions	\$500.00
Last Name Donahue	First Name Patricia			MI M	Cash	contribution: Personal C  Order X Credit/De		Contribution	on ID#	Amount of Contribution
Residential Street Address 38 Longmeadow Rd		City Lincoln			State MA	Zip Code 01773		ate Received 3/19/2010	0	
Principal Occupation freelance writer		Name of Employe self	r			Is this contribution associ fundraising event listed in If yes, list Event #		112	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggre	gate Contribu	utions	\$100.00
Last Name Englehart	First Name Jeanne			MI A	Cash	contribution: Personal (		Contribution	on ID#	Amount of Contribution
Residential Street Address 2137 Lambert Creek Rd NE		City Grand Rapids			State MI	Zip Code 49505		ate Received 3/19/2010		
Principal Occupation CEO/President		Name of Employe Grand Rapids	r Chamber of Co	mmerce	•	Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	itions	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Spier	Alan			R	Cash	y Order		0168		Contribution
		T			<del>                                     </del>					-
Residential Street Address 111 Whapley Rd		City Glastonb	urv		State CT	Zip Code 06033		ate Received 3/19/2010	)	
. ,			·		<u> </u>	Is this contribution associ			1	<u> </u>
Principal Occupation retired		Name of Er retired	npioyer			fundraising event listed in		11?		
retired						If yes, list Event #		<u>[X</u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	gate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	_   `┌──	t child of a lob Yes	,		\$1	50.00	\$150.00
government the contract is with:		Executive	Legislative	+ =				1		
Last Name Branning	First Name Harry			MI	Cash	contribution: Personal C	Check	Contributio	n ID#	Amount of Contribution
	,				Money	y Order X Credit/Del	bit Card	0316		
Residential Street Address		City			State	Zip Code	D	ate Received		
51 Palisade Ter		Glastonb	ury		СТ	06033	0	3/19/2010	)	ļ
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in			Yes	
investor		self				If yes, list Event #	section .	x	No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggre	gate Contribut	tions	İ
state contractor? Is yes, indicate which branch or branches of	_				t child of a lob	-		-	00.00	\$1,000.00
government the contract is with:		Executive	Legislative	<u> </u>	res x	No				
Last Name	First Name			MI		contribution:	211-	Contributio	n ID#	Amount of
Barnes Jr.	Thomas			0	Cash Money	y Order Credit/Del		0170		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1900 Perkins St		Bristol			СТ	06010	0	3/19/2010	)	
Principal Occupation		Name of Er	mployer			Is this contribution associ		1^	Yes	
Chair of Board		Barnes 0	Group Inc.			fundraising event listed in  If yes, list Event # 03.			No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	outor a lobbyis	t snouse or	Ι	t- Ct-ilt	4:	
state contractor?  Is yes, indicate which branch or branches of			Yes No		t child of a lob	byist?	Aggre	gate Contribut \$5	00.00	\$500.00
government the contract is with:		Executive	Legislative	Y	res X	No				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Shanks	Margaret			С	Cash Money	y Order X Personal C		0169		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
2 Briarwood Dr		Simsbury	,		СТ	06070	0	3/19/2010	)	
Principal Occupation		Name of Er	mployer	_		Is this contribution associ		^	Yes	
retired		retired				fundraising event listed in  If yes, list Event # 03.			No	
Is contributor a principal of a state contributor	or prospective	<u> </u>	Yes X No	In	untar a 1-1-1-		1			<del> </del>
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		outor a lobbyis t child of a lob	-	Aggre	gate Contribut	tions 50.00	\$250.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res x	No		φ2		\$230.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Moisan	Karl			J	Cash Money	Personal C  V Order  X Credit/Del		0317		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
640 Rosalind Run		Yardley			PA	19067	0	3/19/2010	)	
Principal Occupation Banker		Name of En	nployer Funding LLC			Is this contribution associ fundraising event listed in If yes, list Event #		<sub>11?</sub> '	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu \$5	tions 500.00	\$500.00
Last Name	First Name			MI		contribution:		Contributio	on ID#	Amount of
Zaleski	Michael				Cash Money	Personal C  X Credit/Del		0318		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
23 Black Birch Rd		Wethersf	ield		СТ	06109	0	3/22/2010	)	
Principal Occupation		Name of Er	nployer			Is this contribution associ			Yes	
Executive Director		Hartford District	Business Improvem	ent		fundraising event listed in If yes, list Event #	section.	x	No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu \$	tions 40.00	\$40.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Rohrs Jr.	Christoph	er			Cash Money	Personal C  V Order  X Credit/Del		0319		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
3 Caryn Ln		Weatogu	e		СТ	06089	0	3/22/2010	)	
Principal Occupation Research Associate		Name of Er	nployer sen Company			Is this contribution associ- fundraising event listed in If yes, list Event #		I1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu \$	tions 50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	
Gengras	Clayton				Cash	y Order		0189	m 1D #	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
30 Brae Burnie Ln		Bloomfiel	d		СТ	06002	0	3/22/2010	)	[
Principal Occupation		Name of Er	nployer			Is this contribution associ			Yes	
Auto Dealer		Gengras	Motor Cars			fundraising event listed in If yes, list Event #	section .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 -	child of a lob	•		\$3,5	00.00	\$3,500.00
government the contract is with:		LACCUUVE	Legislative		<u></u>	110	1			

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							FI	ILING I	DUE DATE
Oz For Governor, Inc.							О	riginal	04/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution IE	D#	Amount of
Gengras	Edith		Р	Cash Money	y Order X Personal Ch Credit/Debi	10	0179		Contribution
Residential Street Address		City		State	Zip Code	Date	Received		
30 Brae Burnie Ln		Bloomfield		СТ	06002	03/2	22/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in S		☐ Ye		
fundraising consultant		retired	_		If yes, list Event #		X No	io	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No	1	utor a lobbyis	-	Aggregate	e Contributions	ıs	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$3,500	.00	\$3,500.00
Last Name	First Name		MI	Method of	contribution:		Contribution ID	D#	Amount of
Rarus	Lisa		К	Cash Money	x Personal Ch y Order Credit/Debi	10	0180		Contribution
Residential Street Address		City		State	Zip Code		Received		
64 Prospect Ave # 12		West Hartford		СТ	06105	03/2	22/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in S		☐ Y6	es	
Benefits Consultant		Lindberg/Ripple			If yes, list Event #	section 31:	X No	io	
Is contributor a principal of a state contractor	or prospective	Yes X No	1	utor a lobbyis	-	Aggregate	e Contributions	ıs	
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative	1 <sup>-</sup>	child of a lob	·		\$1,000	.00	\$1,000.00
government the contract is with:  Last Name	First Name	Executive Legislative	I MI		contribution:	L			
Higginbotham	Richard		A	Cash	X Personal Ch	neck	Contribution IE 0181	D#	Amount of Contribution
		1		Money	y Order Credit/Debi		0161		
Residential Street Address		City		State	Zip Code		Received		
315 S Lake Dr # 1B		Palm Beach		FL	33480	<u> </u>	22/2010		
Principal Occupation retired		Name of Employer retired			Is this contribution associate fundraising event listed in S		∐ Ye		
retired			-		If yes, list Event #		X No	o	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No	1	utor a lobbyis	-	Aggregate	e Contributions	ıs	
Is yes, indicate which branch or branches of	П	Executive Legislative		child of a lob	•		\$1,000	.00	\$1,000.00
government the contract is with:  Last Name	First Name		MI	1	contribution:		Contribution ID	D#	
Harvell	Charles		D	Cash	X Personal Ch	neck	0182	J#	Amount of Contribution
		ī		Money	y Order Credit/Debi	t Card			
Residential Street Address 7 Saint Micheals Ct		City Avon		State CT	Zip Code 06001		Received 22/2010		
Principal Occupation		Name of Employer		<u> </u>	Is this contribution associate	<u> </u>			
retired		Retired			fundraising event listed in S		X No		
		<u> </u>			If yes, list Event #		i No		
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggregate	e Contributions		
Is yes, indicate which branch or branches of		Executive Legislative		res x	•		\$750.	.00	\$750.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Oz For Governor, Inc.							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name Lange	First Name Elizabeth		MI A	Cash	contribution:    X   Personal Cl	neck 0183	tion ID#	Amount of Contribution
Residential Street Address 47 Westwood Dr		City West Hartford		State CT	Zip Code 06117	Date Receive 03/22/20		
Principal Occupation Registered Nurse		Name of Employer ST. Francis Hospital			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contri	butions \$500.00	\$500.00
Last Name Jarvis	First Name Ronald		MI D	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0184	tion ID#	Amount of Contribution
Residential Street Address 7575 Pelican Bay Blvd # 1205		City Naples		State FL	Zip Code 34108	Date Receive 03/22/20		
Principal Occupation Chairman/CEO		Name of Employer former ING/Reliastar			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contri	butions \$500.00	\$500.00
Last Name Spiess	First Name Gary		MI A	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0185	tion ID#	Amount of Contribution
Residential Street Address 2 Davis Rd		City Marblehead		State MA	Zip Code 01945	Date Receive 03/22/20		
Principal Occupation retired		Name of Employer retired		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contri	butions \$500.00	\$500.00
Last Name Childs	First Name Christoph	er	MI A	Cash	contribution:    X   Personal Cl	neck 0186	tion ID#	Amount of Contribution
Residential Street Address 338 S Main St		City Suffield		State CT	Zip Code 06078	Date Receive 03/22/20		
Principal Occupation Investment Mngr.		Name of Employer Webster Bank		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contri	butions \$250.00	\$250.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Oz For Governor, Inc.							Origin	al 04/12/2010
		B. Itemized Contribut	ions from	ı Individu	ıals			
Last Name Reilly	First Name Michael		MI J	Cash	contribution:  X Personal Cl / Order	neck 018	ribution ID #	Amount of Contribution
Residential Street Address 77 Orchard Rd		City West Hartford		State CT	Zip Code 06117	Date Rec 03/22/		
Principal Occupation Attorney		Name of Employer Bingham McCutchem LLP			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	stributions \$250.00	\$250.00
Last Name Murphy	First Name John		MI J	Cash	contribution:  X Personal Cl / Order Credit/Debi	neck 018	ribution ID #	Amount of Contribution
Residential Street Address 371 N Main St		City Suffield		State CT	Zip Code 06078	Date Rec 03/22/		
Principal Occupation Attorney		Name of Employer  John J. Murphy Attorney at I	aw LLC		Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	stributions \$250.00	\$250.00
Last Name Parent	First Name William		MI M	Cash	contribution:  X Personal Cl  y Order Credit/Debi	neck 019	ribution ID #	Amount of Contribution
Residential Street Address 7 Mockingbird Ln		City Walpole		State MA	Zip Code 02081	Date Rec 03/23/		
Principal Occupation Private Equity Investor		Name of Employer Grail Partners, LLC			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	\$1,000.00	\$1,000.00
Last Name Shea	First Name William		MI J	Cash	contribution:  X Personal Cl  Order Credit/Debi	neck 019	ribution ID #	Amount of Contribution
Residential Street Address 159 Bear Hill Rd		City North Andover		State MA	Zip Code 01845	Date Rec 03/23/		
Principal Occupation Executive Chairman		Name of Employer Lucid Inc.			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	stributions \$500.00	\$500.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Phillips	Deirdre			В	Cash Money	y Order X Personal Credit/D	Check ebit Card	0192		Contribution
Residential Street Address	•	City			State	Zip Code	Ι	Date Received		
15 Selden St		Waban			MA	02468-1707	C	3/23/2010	0	
Principal Occupation		Name of E	mployer		•	Is this contribution associated as the state of the state		1^	Yes	
non profit exec		Autism (	Consortium			fundraising event listed  If yes, list Event # 0.	in Section 3232010		No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of		F .:		I '─	child of a lob	,		\$2	250.00	\$250.00
government the contract is with:	<u></u>	Executive	Legislative		I			1		1
Last Name Gaudiano Jr.	First Name Edward			MI J	Method of Cash	contribution:  X Personal	Check	Contribution	on ID#	Amount of Contribution
						y Order Credit/D	ebit Card	0193		Commodulon
Residential Street Address		City			State	Zip Code	I	Date Received		
8 Field Ave .		Metheun			MA	01844	C	)3/23/2010	0	
Principal Occupation		Name of E				Is this contribution assortiundraising event listed		1^	Yes	
Teacher		Town of	Andover			If yes, list Event # 03			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	ıtions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		\$2	200.00	\$200.00
government the contract is with:		Executive	Legislative	U \	res X	No		1		1
Last Name Adams	First Name Russell			MI L	Method of Cash	contribution:	Check	Contribution	on ID#	Amount of Contribution
Audilis	Kussell			-	_	=	ebit Card	0194		Contribution
Residential Street Address		City			State	Zip Code	Ι	Date Received		
50 Hillside Rd		Tewksbu	ry		MA	01876	C	3/23/2010	0	1
Principal Occupation		Name of E	mployer			Is this contribution assortiundraising event listed		1^	Yes	
consulting engineer		self				If yes, list Event # 03			No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	ıtions	†
state contractor? Is yes, indicate which branch or branches of	_				child of a lob	-	1 -55	-	\$25.00	\$25.00
government the contract is with:		Executive	Legislative	L 1	res X	No				
Last Name	First Name			MI		contribution:	Chaole	Contribution	on ID#	Amount of
Klivans	Robert				Cash Money	=	ebit Card	0195		Contribution
Residential Street Address		City			State	Zip Code	I	Date Received		
69 Pine Ridge Rd		Waban			MA	02468	C	3/23/2010	0	]
Principal Occupation		Name of E	mployer			Is this contribution asso fundraising event listed		1^	Yes	
retired attorney		retired				If yes, list Event # 0.			No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	st, spouse, or	Aggr	egate Contribu	ıtions	†
state contractor? Is yes, indicate which branch or branches of				dependent	child of a lob	byist?	11551		500.00	\$500.00
government the contract is with:	Ш	Executive	Legislative	L 1	res X	No		·		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Oz For Governor, Inc.							Origin	al 04/12/2010		
		B. Itemized Contribut	ions fron	ı Individu	ıals		•			
Last Name Calkins	First Name John		MI W	Cash	contribution:    X   Personal Cl	heck 0197	ution ID#	Amount of Contribution		
Residential Street Address 7 Kendalls MI		City Woburn		State MA	Zip Code 01801	Date Receiv 03/23/20				
Principal Occupation retired		Name of Employer retired			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions \$500.00	\$500.00		
Last Name Drinan	First Name Helen		MI G	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0199	ution ID#	Amount of Contribution		
Residential Street Address 568 E Fifth St		City So Boston		State MA	Zip Code 02127	Date Receiv 03/23/20				
Principal Occupation  President		Name of Employer Simmons College		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$500.00	\$500.00		
Last Name Bryson	First Name David		MI C	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0198	ution ID#	Amount of Contribution		
Residential Street Address 119 High St		City Charlestown		State MA	Zip Code 02129	Date Receiv 03/23/20				
Principal Occupation General Counsel		Name of Employer Endurance International		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes No			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Contr	stations \$150.00	\$150.00		
Last Name Miller	First Name Beth		MI A	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0281	ution ID#	Amount of Contribution		
Residential Street Address 5 Ivy Rd		City Wellesley		State MA	Zip Code 02482	Date Receiv 03/23/20				
Principal Occupation President		Name of Employer Good Deeds LLC		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00		

		I. MON	NETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Oz For Governor, Inc.									Origina	al 04/12/2010
		B. Itemi	zed Contributi	ons from	Individu	ıals				
Last Name Rand	First Name Alexander			MI	Cash	contribution: Personal C y Order X Credit/De		Contribution 0320	n ID#	Amount of Contribution
Residential Street Address 54 Bedford Rd		City Lincoln			State MA	Zip Code 01773		Date Received 03/23/2010		
Principal Occupation portforlio mngr		Name of Employ self	ver			Is this contribution associ fundraising event listed in If yes, list Event #		<sub>J1?</sub> $f lue{}$	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	child of a lob	byist?	Aggre	egate Contribut \$50	ions 00.00	\$500.00
Last Name Hires	First Name Jeffrey			MI B	Cash	contribution: Personal ( y Order X Credit/De		Contribution 0321	n ID#	Amount of Contribution
Residential Street Address PO Box 270756		City West Hartford	d		State CT	Zip Code 06127-0756		Date Received 03/24/2010		
Principal Occupation  Manager		Name of Employ Techatlantic				Is this contribution associ fundraising event listed in If yes, list Event #		J1? ''	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribut \$20	ions 00.00	\$200.00
Last Name Decelles	First Name Paul			MI A	Cash	contribution: Personal C y Order X Credit/De		Contribution 0207	n ID#	Amount of Contribution
Residential Street Address 745 William Street Ext		City Portland			State CT	Zip Code 06480		Date Received 03/24/2010		
Principal Occupation  consultant		Name of Employ Yard Zone, I				Is this contribution associ fundraising event listed in If yes, list Event # 03	n Section .	<sub>J1?</sub> □	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribut \$2	ions 50.00	\$250.00
Last Name Penta	First Name Joanna			MI M	Cash	contribution:  X Personal C y Order Credit/De		Contribution 0208	n ID#	Amount of Contribution
Residential Street Address 67 Edgemont		City West Hartford	d		State CT	Zip Code 06110		Date Received		
Principal Occupation strategic account executive		Name of Employ CVS Carema				Is this contribution associ fundraising event listed in If yes, list Event #		J1? ''	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribut \$!	ions 50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Oz For Governor, Inc.							C	Origina	1 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals				
Last Name Yarde	First Name Craig		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution I	D#	Amount of Contribution
Residential Street Address 8047 Cape San Blas Rd		City Port Saint Joe		State FL	Zip Code 32456		e Received /24/2010		
Principal Occupation Director		Name of Employer Yard Metals		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$3,500		\$3,500.00
Last Name Smith	First Name Brian		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck	Contribution I	D#	Amount of Contribution
Residential Street Address 74 Ferncliff Dr		City West Hartford		State CT	Zip Code 06117		e Received /24/2010		
Principal Occupation Insurance Agent		Name of Employer Smith Brothers Insurance			Is this contribution associa fundraising event listed in If yes, list Event #		y X N	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregat	te Contribution \$250		\$250.00
Last Name Compton	First Name Ronald		MI E	Cash	contribution:    X   Personal Cl	neck	Contribution I	D#	Amount of Contribution
Residential Street Address 59 Northgate		City Simsbury		State CT	Zip Code 06070		e Received /24/2010		
Principal Occupation retired		Name of Employer retired		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	\$3,000		\$3,000.00
Last Name Rizy	First Name Florence		MI S	Cash	contribution:  X Personal Cl  y Order Credit/Debi	neck	Contribution I	D#	Amount of Contribution
Residential Street Address  1 Bonnie Briar		City Cromwell		State CT	Zip Code 06416		e Received /24/2010		
Principal Occupation  consultant		Name of Employer self/Yard Zone Inc.			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	1 1		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution \$250		\$250.00

		I. MONE	TARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. Itemized	l Contributi	ons from	Individu	ıals				
Last Name Brighenti	First Name Jeffrey			MI P	Cash	contribution:    X   Personal C		Contribution 0205	on ID#	Amount of Contribution
Residential Street Address 60 Quail Ridge Dr		City Avon			State CT	Zip Code 06001		ate Received 3/24/2010	0	
Principal Occupation President		Name of Employer Avon Plumbing	& Heating Co	Inc		Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Lo	egislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu \$2	250.00	\$250.00
Last Name Barnes	First Name Carlyle			MI F	Cash	contribution:  X Personal C y Order Credit/De		Contribution 0201	on ID#	Amount of Contribution
Residential Street Address 400 Peacedale St		City Bristol			State CT	Zip Code 06010		ate Received 3/24/2010		
Principal Occupation executive		Name of Employer retired				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Lo	s X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu \$1,0	otions	\$1,000.00
Last Name Libassi	First Name Peter			MI S	Cash	contribution:    X   Personal C		Contribution 0203	on ID#	Amount of Contribution
Residential Street Address 20 Loeffler Rd		City Bloomfield			State CT	Zip Code 06002		ate Received	0	
Principal Occupation retired		Name of Employer retired				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Le	s X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu \$2	ntions 250.00	\$250.00
Last Name May	First Name Deborah			MI W	Cash	contribution:  X Personal C  y Order Credit/De		Contribution 0295	on ID#	Amount of Contribution
Residential Street Address 802 Prospect St		City Wethersfield			State CT	Zip Code 06109		ate Received 3/25/2010		
Principal Occupation Homemaker		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event # 03	Section J		Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Ye Executive Le	s X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	itions 250.00	\$250.00

		I. M	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. Ite	emized Contributi	ons fron	ı Individu	ıals				
Last Name May III	First Name			MI H	Method of Cash	contribution:	Check	Contributio	on ID#	Amount of Contribution
Pidy III	Lawiii			<u> </u> ''		y Order Credit/De	bit Card	0236		Contribution
Residential Street Address 802 Prospect St		City Wethersfi	iold		State CT	Zip Code 06109		ate Received		
Principal Occupation		Name of En			Ci	Is this contribution associ	_		Yes	İ
president/partner			ee & Walsh			fundraising event listed in If yes, list Event # 03	n Section . 252010	J1?	] No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$2	itions 250.00	\$250.00
Last Name	First Name		<u> </u>	MI	Method of	contribution:		Contributio	on ID #	Amount of
Elvgren	Anne			L	Cash Money	y Order X Credit/De		0217		Contribution
Residential Street Address 26 Timberline Dr		City Farmingto	on		State CT	Zip Code 06032		ate Received	0	
Principal Occupation		Name of En	nployer		-	Is this contribution associ	iated with	a <b>x</b>	Yes	İ
Marketing		Robinsor	n & Cole			fundraising event listed in  If yes, list Event # 03			No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$1,0	otions	\$1,000.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Silvers	Brett			N	Cash Money	y Order X Credit/De		0211		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
61 Ledyard Rd		West Har			СТ	06117	_	3/25/2010		ł
Principal Occupation  Commercial Finance		Name of En World Bu	nployer Isiness Capital, Inc			Is this contribution associ fundraising event listed in If yes, list Event # 03	n Section .		Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob	byist?	Aggre	egate Contribu \$2,0	utions	\$2,000.00
government the contract is with:  Last Name	First Name			MI	I	contribution:		Contributio	on ID #	
Schuler	Kate				Cash	y Order		0243	JII 11D #	Amount of Contribution
Residential Street Address		City			State	Zip Code		ate Received		
83 Woodpond Rd		West Har	tford		СТ	06107	_	3/25/2010		
Principal Occupation Attorney		Name of En Bingham	nployer McCutchen LLP			Is this contribution associ fundraising event listed in If yes, list Event # 03	n Section .	J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis	bbyist?	Aggre	egate Contribu \$2	itions 250.00	\$250.00
government the contract is with:		Executive	Legislative	\  \	res X	No	1			

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. Ite	emized Contributi	ons from	Individu	ıals				
Last Name Fir	rst Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Wenzel He	eather				Cash Money	=	l Check Debit Card	0222		Contribution
Residential Street Address		City			State	Zip Code	Ι	Date Received		
3 Deer Path		Rocky Hil	I		СТ	06067	C	3/25/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution ass		1^	Yes	Ī
Attorney		Bingham	McCutchen			fundraising event listed If yes, list Event #	l in Section 03252010	J1?	No	
Is contributor a principal of a state contractor or pr	rospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	utions	Î
state contractor? Is yes, indicate which branch or branches of				1 <sup>-</sup>	child of a lob	•		\$1	150.00	\$150.00
government the contract is with:		Executive	Legislative	L Y	res x	No		_		
	rst Name			MI		contribution:	ıl Check	Contribution	on ID#	Amount of
Finigan	aul			М	Cash Money	=	Debit Card	0238		Contribution
Residential Street Address		City			State	Zip Code	I	Date Received		
11 Anja Dr		Simsbury			СТ	06070	C	3/25/2010	0	_
Principal Occupation		Name of En	nployer			Is this contribution ass		1^	Yes	
attorney		self				fundraising event listed If yes, list Event #			No	
Is contributor a principal of a state contractor or pr	rospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	utions	Î
state contractor? Is yes, indicate which branch or branches of	П	<b>.</b>	Legislative	1 —	child of a lob	-		\$5	500.00	\$500.00
government the contract is with:		Executive	Legislative	<del>                                     </del>			<u> </u>	1		
	rst Name obert			MI D	Method of Cash	contribution:	ıl Check	Contribution	on ID#	Amount of
Monyak Ro	bbert				_	=	Debit Card	0277		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
31 Sunset Ter		West Har	tford		СТ	06107	C	)3/25/2010	0	1
Principal Occupation		Name of En				Is this contribution asso fundraising event listed		1^	Yes	
EVP and Chief Lending Officer		World Bu	siness Capital, Inc			If yes, list Event #			No	
Is contributor a principal of a state contractor or pr	rospective		Yes X No	Is contrib	utor a lobbyis	t snouse or	1,	t- Ct-il	-4:	†
state contractor?	озресите		res No		child of a lob		Aggre	egate Contribu	300.00	\$300.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res x	No				4555.55
Last Name Fir	rst Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Keney	atricia			М	Cash Money	=	l Check Debit Card	0237		Contribution
Residential Street Address		City			State	Zip Code	Ι	Date Received		
31 Stone Dr		Windsor I	ocks		СТ	06096	C	3/25/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution asse	ociated with	a <b>x</b>	Yes	Ī
retired		retired				fundraising event listed If yes, list Event #		J1?	No	
							1	<u>,, , , , , , , , , , , , , , , , , , ,</u>		1
Is contributor a principal of a state contractor or pr state contractor?	rospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	П ү		•		\$2	250.00	\$250.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Oz For Governor, Inc.							(	Origina	ıl 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals		•		
Last Name Flynn	First Name Robert		MI F	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 150 Berle Rd		City South Windsor		State CT	Zip Code 06074		e Received /25/2010		
Principal Occupation Vice President		Name of Employer Travelers Companies, Inc		•	Is this contribution associa fundraising event listed in If yes, list Event # 032		11.		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution \$250		\$250.00
Last Name Phelan	First Name Christoph	er	MI T	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 1256 Windsor Ave		City Windsor		State CT	Zip Code 06095		e Received /25/2010		
Principal Occupation  Commercial Banker		Name of Employer Bank of America			Is this contribution associa fundraising event listed in If yes, list Event # 032		11.		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution \$250		\$250.00
Last Name Sinatro	First Name Trey		MI L	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 12 Midlands Dr		City West Hartford		State CT	Zip Code 06107		e Received /25/2010		
Principal Occupation Insurance Agent		Name of Employer Sinatro Ins. Agency			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution	ons 0.00	\$50.00
Last Name Thayer	First Name Brenda		MI J	Cash	contribution:  X Personal Cl  y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 45 Volpi Rd		City Bolton		State CT	Zip Code 06043		e Received /25/2010		
Principal Occupation  Bookkeeper		Name of Employer Accoustics, Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	11.		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$250.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Beckerman	George			R	Cash Money	y Order	Check ebit Card	0282		Contribution
Residential Street Address		City			State	Zip Code	Ι	Date Received		
25 Woodland Dr		Avon			СТ	06001	c	3/25/201	0	
Principal Occupation		Name of Er	nployer		•	Is this contribution asso	ciated with	а [х	Yes	
Principal		Shepard	Steel Co. Inc			fundraising event listed If yes, list Event # 0	in Section 3252010	J1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggro	egate Contribu	utions	
state contractor?  Is yes, indicate which branch or branches of				Î	t child of a lob	•		\$2	250.00	\$250.00
government the contract is with:		Executive	Legislative	L \	res X	No	<u> </u>	1		1
Last Name	First Name			MI		contribution:	Chaok	Contributi	on ID#	Amount of
Krowicki	Ben			M	Cash Money	=	ebit Card	0278		Contribution
Residential Street Address		City			State	Zip Code	Ι	Date Received		
184 N Quaker Ln		West Har	tford		СТ	06119	C	3/25/201	0	
Principal Occupation		Name of Er	nployer		•	Is this contribution asso			Yes	
Attorney		Bingham	McCutchen LLP			fundraising event listed If yes, list Event #	in Section	J1? x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		t child of a lob Yes	-		\$2	250.00	\$250.00
government the contract is with:		Executive	Legislative	+ -			<u> </u>	1		<u> </u>
Last Name Strohmenger	First Name Thomas			MI C	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
Stronmenger	THOMas					=	ebit Card	0280		Contribution
Residential Street Address		City			State	Zip Code	I	Date Received		
20 Norwood Rd		West Har	tford		СТ	06117	C	3/25/201	0	
Principal Occupation		Name of Er	nployer		-	Is this contribution asso			Yes	
Attorney		Bingham	McCutchen LLP			fundraising event listed If yes, list Event #	ın Section	J1?	No	
T				1			1			
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		outor a lobbyis t child of a lob	, I	Aggre	egate Contribu	utions 250.00	\$250.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res x	No		74	230.00	\$230.00
Last Name	First Name			MI	Method of	contribution:	•	Contribution	on ID#	Amount of
Lundgren	John			F	Cash Money	y Order	Check ebit Card	0262		Contribution
Residential Street Address		City			State	Zip Code	Ι	Date Received		
39 High St		Farmingt	on		СТ	06032	C	3/25/201	0	
Principal Occupation		Name of Er	nployer		•	Is this contribution asso			Yes	
CEO		Stanley	Black & Decker, Inc.			fundraising event listed If yes, list Event #	in Section	J1? <b>x</b>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of					t child of a lob	-		\$3,	500.00	\$3,500.00
government the contract is with:	Ш	Executive	Legislative	ΙЦ	res x	No				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Oz For Governor, Inc.							(	Origina	ıl 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name		MI		contribution:		Contribution	ID#	Amount of
Banks-Cohn	Sherry			Cash Money	y Order X Personal Ch Credit/Debi		0290		Contribution
Residential Street Address		City		State	Zip Code		te Received		
38 Cary Ln		Bloomfield		СТ	06002		/25/2010		
Principal Occupation  Retired		Name of Employer NA			Is this contribution associate fundraising event listed in S		?	Yes	
- Treatied			1		If yes, list Event #		<b>x</b> 1	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggrega	ate Contributio \$200	ons 0.00	\$200.00
Last Name	First Name		MI	Method of	contribution:		Contribution 1	ID#	Amount of
Tisch	Thomas		J	Cash Money	y Order		0305		Contribution
Residential Street Address		City		State	Zip Code		te Received		
740 Park Ave		New York		NY	10021		/25/2010		
Principal Occupation manager		Name of Employer self			Is this contribution associat fundraising event listed in S If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio \$2,500		\$2,500.00
Last Name	First Name		MI	Method of	contribution:		Contribution 1	ID#	Amount of
Herlihy	Thomas		J	Cash Money	y Order Personal Ch Credit/Debi		0210		Contribution
Residential Street Address		City		State	Zip Code		te Received		
43 Woodchuck HI		West Simsbury		СТ	06092		/25/2010		
Principal Occupation Business Owner		Name of Employer  T.J. Herlihy Insurance			Is this contribution associate fundraising event listed in S	Section J1			
			1		If yes, list Event # 022	82010A	<u>,</u> H,	140	
Is contributor a principal of a state contractor of state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob	-	Aggrega	ate Contributio		¢1 000 00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	Y	res x	No		\$1,000	0.00	\$1,000.00
Last Name	First Name		MI	Method of	contribution:		Contribution 1	ID#	Amount of
Paternoster	Laurie			Cash Money	Personal Ch x Credit/Debi		0212		Contribution
Residential Street Address		City	•	State	Zip Code	Dat	te Received		
48 Chatham HI		South Glastonbury		СТ	06073	03	/25/2010		
Principal Occupation investor		Name of Employer self			Is this contribution associat fundraising event listed in S If yes, list Event # 032	Section J1	· 口.		
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio \$1,000		\$1,000.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Oz For Governor, Inc.							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name Stratton	First Name Seth		MI N	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 021	ibution ID #	Amount of Contribution
Residential Street Address 25 Concord Rd		City Longmeadow		State MA	Zip Code 01106	Date Rece 03/25/2		
Principal Occupation lawyer		Name of Employer Bingham McCutchen, LLP		•	Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cor	\$250.00	\$250.00
Last Name Reavey	First Name Jim		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 021	ibution ID #	Amount of Contribution
Residential Street Address 64 Daventry Hill Rd		City Avon		State CT	Zip Code 06001	Date Rece 03/25/2		
Principal Occupation  Mgmt		Name of Employer FM Facility Maintenance			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cor	s500.00	\$500.00
Last Name Merkel	First Name Stephen		MI T	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 021	ibution ID #	Amount of Contribution
Residential Street Address 105 Timberwood Rd		City West Hartford		State CT	Zip Code 06117	Date Rece 03/25/2		
Principal Occupation director advisor		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	stributions \$1,000.00	\$1,000.00
Last Name Grondin	First Name Laura		MI T	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 021	ibution ID #	Amount of Contribution
Residential Street Address 20 Wallbridge Rd		City West Hartford		State CT	Zip Code 06119	Date Rece 03/25/2		
Principal Occupation President & CEO		Name of Employer Virginia Industries			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$1,000.00	\$1,000.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							1	FILING	DUE DATE
Oz For Governor, Inc.							1	Origina	al 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals				
Last Name Ostrosky	First Name Tom		MI	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution 0218	ID#	Amount of Contribution
Residential Street Address 12 Ship Ave # 8		City Medford		State MA	Zip Code 02155		te Received /25/2010		
Principal Occupation Principal		Name of Employer Beacon Financial Partners		•	Is this contribution associa fundraising event listed in If yes, list Event # 032		? <u> </u>		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio \$50	ons 00.00	\$500.00
Last Name Wheeler	First Name Jonathan		MI P	Cash	contribution:  Personal Cl y Order X Credit/Deb		Contribution 0220	ID#	Amount of Contribution
Residential Street Address 37 Fulton Pl		City West Hartford		State CT	Zip Code 06107		te Received /25/2010		
Principal Occupation  consultant		Name of Employer The Clarion Group			Is this contribution associa fundraising event listed in If yes, list Event # 032		? <u> </u>		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributio	ons 50.00	\$250.00
Last Name King	First Name Roy		MI	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution 0221	ID#	Amount of Contribution
Residential Street Address 487 Fairfield Beachroad		City Fairfield		State CT	Zip Code 06824		te Received /25/2010		
Principal Occupation COO		Name of Employer BroadStar Wind Systems			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio	ons 50.00	\$250.00
Last Name Ribaudo	First Name Dale		MI	Cash	contribution:  Personal Cl y Order X Credit/Deb		Contribution 0223	ID#	Amount of Contribution
Residential Street Address 26 Country Club Ln		City East Granby		State CT	Zip Code 06026		te Received /25/2010		
Principal Occupation CFO		Name of Employer FM Facility Maintenance			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1	? <u> </u>		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 50.00	\$250.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FI	ILING DUE DATE
Oz For Governor, Inc.							Or	riginal 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals		•	
Last Name Aldina	First Name Suellen		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck C	Contribution ID	Amount of Contribution
Residential Street Address 53 Loomis Dr # A1		City West Hartford		State CT	Zip Code 06107		Received 25/2010	
Principal Occupation SVP-service providers		Name of Employer FM Facility Maintenance		•	Is this contribution associa fundraising event listed in If yes, list Event # 032		X Ye	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$250.	
Last Name Filomeno	First Name Joseph		MI D	Cash	contribution:  Personal Cl y Order X Credit/Debi	neck	Contribution ID	O# Amount of Contribution
Residential Street Address 134 Bookmoor Rd		City West Hartford		State CT	Zip Code 06107		Received 25/2010	
Principal Occupation CPA		Name of Employer retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 032		X Ye	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$500.	
Last Name Litchfield	First Name Steven		MI M	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck C	Contribution ID	O# Amount of Contribution
Residential Street Address 26 Smallwood Rd		City West Hartford		State CT	Zip Code 06107		Received 25/2010	
Principal Occupation  Banking		Name of Employer Sovereign Bank			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Ye	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$250.	
Last Name Fitzpatrick	First Name Paul		MI B	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck C	Contribution ID	Amount of Contribution
Residential Street Address 22 Main St # A-6		City Tariffville		State CT	Zip Code 06081		Received 25/2010	
Principal Occupation Teacher		Name of Employer Northwest Catholic High Scho	ool		Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Ye	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$250.	

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Oz For Governor, Inc.							Orig	inal 04/12/2010
		B. Itemized Contribut	tions fron	ı Individu	ıals		'	
Last Name Flaherty	First Name Kevin		MI E	Cash	contribution:  X Personal Cl y Order	heck 02	ontribution ID #	Amount of Contribution
Residential Street Address 28 Colony Rd		City West Hartford		State CT	Zip Code 06107		Received 5/2010	
Principal Occupation  Banker		Name of Employer Webster Bank			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$200.00	\$200.00
Last Name Sider	First Name Francine		MI M	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 02	ontribution ID #	Amount of Contribution
Residential Street Address 23 Fawn Dr		City Granby		State CT	Zip Code 06035		Received 5/2010	<u> </u>
Principal Occupation  Business Director		Name of Employer CIGNA			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$500.00	\$500.00
Last Name Carew	First Name William		MI J	Cash	contribution:    X   Personal Cl	heck 02	ontribution ID #	Amount of Contribution
Residential Street Address 24 Lawton Dr		City Simsbury		State CT	Zip Code 06070		Received 5/2010	
Principal Occupation Insurance		Name of Employer Ovation Benefits Group			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$1,000.00	\$1,000.00
Last Name Daily	First Name Thomas		MI V	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 02	ontribution ID #	Amount of Contribution
Residential Street Address 8 Hunter Road Ext		City Simsbury		State CT	Zip Code 06070		Received 5/2010	
Principal Occupation Attorney		Name of Employer Reid & Riege, PC		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$500.00	\$500.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. Ite	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Merz	Carl				Cash	=	nal Check t/Debit Card	0232		Contribution
B 11 110 111		a.						) )		1
Residential Street Address 64 Balfour Dr		City West Har	tford		State CT	Zip Code 06117		Date Received		
Principal Occupation						Is this contribution as		<u> </u>	_	t
President		Name of En Hartford	Aviation Group Inc			fundraising event list	ed in Section	J1?	Yes	
						If yes, list Event #	03252010	<u> </u>	No	
Is contributor a principal of a state contractor or	prospective		Yes X No		utor a lobbyis		Aggr	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 °	child of a lob	•		\$2	250.00	\$250.00
government the contract is with:  Last Name	First Name	Executive	Legislative	I <sub>MI</sub>		contribution:		1	"	
	Douglas			M	Cash		nal Check	Contribution	on ID #	Amount of Contribution
					Money	y Order Credi	t/Debit Card	0233		
Residential Street Address		City			State	Zip Code	I	Date Received		
22 Sunset Ter		West Har	tford		СТ	06107	(	03/25/201	0	1
Principal Occupation		Name of En	mployer			Is this contribution as fundraising event list		1^	Yes	
attorney		self				If yes, list Event #			No	
Is contributor a principal of a state contractor or	prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Δggr	egate Contribu	ıtions	<u> </u>
state contractor? Is yes, indicate which branch or branches of			_ ~ _		child of a lob	byist?	1188	-	100.00	\$100.00
government the contract is with:		Executive	Legislative	L Y	es x	No		_		
	First Name			MI		contribution:	1.01	Contributi	on ID#	Amount of
Schooley	Scott			М	Cash Money	= =	nal Check t/Debit Card	0234		Contribution
Residential Street Address		City			State	Zip Code	I	Date Received		
6 Woodside Cir		Hartford			СТ	06105	(	03/25/201	0	
Principal Occupation		Name of En	mployer			Is this contribution as		1^	Yes	
Business/Investments		Woodsid	e Capital			fundraising event list If yes, list Event #			No	
Is contributor a principal of a state contractor or	nrosnective		Yes X No	Is contrib	utor a lobbyis	t snouse or	1,	t- Ct-il-	-4:	t
state contractor?  Is yes, indicate which branch or branches of			i es i i i i i i i i i i i i i i i i i i		child of a lob	byist?	Aggi	egate Contribu \$2.0	000.00	\$2,000.00
government the contract is with:	Ш	Executive	Legislative	☐ Y	res X	No				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Appicelli	Frank			A	Cash Money	=	nal Check t/Debit Card	0235		Contribution
Residential Street Address		City			State	Zip Code	I	Date Received		
10 Sunset Ter		West Har	tford		СТ	06107	(	03/25/201	0	]
Principal Occupation		Name of En	mployer			Is this contribution as		1^	Yes	
Attorney		Bingham	McCutchen LLp			fundraising event list If yes, list Event #			No	
Is contributor a principal of a state and	meaner-ti-			I						<del> </del>
Is contributor a principal of a state contractor or state contractor?	prospective		Yes X No		utor a lobbyis child of a lob	-	Aggr	egate Contribu	utions 250.00	\$250.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	□ Y	'es X	No			_50.00	φ230.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Oz For Governor, Inc.							С	Origina	1 04/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name Finigan	First Name Maripat		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 127 S Highland Rd		City West Hartford		State CT	Zip Code 06119		e Received /25/2010		
Principal Occupation communications director		Name of Employer Larson for Congress			Is this contribution associa fundraising event listed in If yes, list Event # 032		1 1		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$20	ns ).00	\$20.00
Last Name Smith	First Name Stanford		MI S	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 695 Long Hill Rd		City Guilford		State CT	Zip Code 06437		e Received /25/2010		
Principal Occupation  Director		Name of Employer Guardian Flight Services LLC			Is this contribution associa fundraising event listed in If yes, list Event # 032		1 1		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregat	te Contribution \$250		\$250.00
Last Name Bonner	First Name Raymond		MI j	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 4 Penwood Rd		City Bloomfield		State CT	Zip Code 06002		e Received /25/2010		
Principal Occupation  Med Products Distributor		Name of Employer PeriTech Inc.			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	1 1		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregat	te Contribution \$200		\$200.00
Last Name Bonee	First Name Philip		MI M	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 11 Cornell Rd		City West Hartford		State CT	Zip Code 06107		e Received /25/2010		
Principal Occupation Insurance		Name of Employer May Bonee & Walsh		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	1 1		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution \$250		\$250.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Oz For Governor, Inc.							Ori	ginal 04/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name Holden	First Name Robert		MI S	Cash	contribution:  X Personal Cl	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 130 Main St	<u> </u>	City Farmington		State CT	Zip Code  06032	Date I	Received 25/2010	
Principal Occupation President		Name of Employer Keeney Mfg Co.		!	Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$250.0	0 \$250.00
Last Name Polk	First Name David		MI E	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 100 Westmont		City West Hartford		State CT	Zip Code 06117		Received 25/2010	
Principal Occupation President		Name of Employer First Tee of CT		•	Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$250.0	0 \$250.00
Last Name Jacobson	First Name Barry		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 845 Un Plz # 83B		City New York		State NY	Zip Code 10017		Received 26/2010	
Principal Occupation Real Estate Owner		Name of Employer  Joseph Day Realty Group			Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob ves	byist?	Aggregate	Contributions \$250.0	0 \$250.00
Last Name Hone	First Name Michael		MI	Cash	contribution:    X   Personal Cl	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address D5 Glazebrook		City Killington		State VT	Zip Code 05751		Received 26/2010	
Principal Occupation executive		Name of Employer American Aerogel Corp			Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$500.0	0 \$500.00

		I. N	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. It	emized Contributi	ions from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Whittemore	Edward			В	Cash Money	y Order X Personal C		0258		Contribution
Residential Street Address		City		_	State	Zip Code	D	ate Received		
75 Bloomfield Ave		Hartford			СТ	06105	0	3/26/2010	)	
Principal Occupation		Name of E	mployer		•	Is this contribution associ			Yes	ĺ
Partner/Attorney		Murtha (	Cullina LLP			fundraising event listed in If yes, list Event #	Section.	x	No	
Is contributor a principal of a state contractor of	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	☐ Logislative	I '─	child of a lob	,		\$2	250.00	\$250.00
government the contract is with:	First Name	Executive	Legislative	+ =	1			1		
Last Name Marks	David			MI P	Cash	contribution:  X Personal C	Check	Contribution 0259	on ID #	Amount of Contribution
					Money	y Order Credit/Del	bit Card	0239		
Residential Street Address		City			State	Zip Code		ate Received	_	
11 Richmond Rd		West Har			СТ	06117		3/26/2010		
Principal Occupation  Investments		Name of Er	nployer utual Group			Is this contribution associ fundraising event listed in		J1?	Yes	
Investments		001	acaa. G. Gap	_		If yes, list Event #		<u>[X</u>	No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contribu	itions	
Is yes, indicate which branch or branches of	П	Executive	Legislative	1 —	child of a lob	-		\$1,0	00.00	\$1,000.00
government the contract is with:  Last Name	First Name			MI	1	contribution:	1	Contributio	on ID #	
Lamantia-Krapek	Kathleen			М	Cash	X Personal C	Check	0260	)II ID #	Amount of Contribution
		Ī			Money	y Order Credit/Del				
Residential Street Address  11 Pembroke Dr		City Avon			State CT	Zip Code 06001		ate Received 3/26/2010	1	
			,		Ci	Is this contribution associ				ł
Principal Occupation retired		Name of Er retired	nployer			fundraising event listed in		J1?	Yes	
						If yes, list Event #			No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I	es x	*		\$3,5	500.00	\$3,500.00
Last Name	First Name			MI	1	contribution:	1	Contributio	on ID #	A
Lavielle	Gail				Cash	Personal C		0322	on ID "	Amount of Contribution
		1			<u> </u>	y Order X Credit/Del				
Residential Street Address 109 Hickory HI		City Wilton			State CT	Zip Code 06897		ate Received 3/26/2010	)	
-			mulayar		<u> </u>	Is this contribution associ		<u> </u>		İ
Principal Occupation  Educator		Name of E	прюуег			fundraising event listed in		J1?	Yes No	
			<u>_</u>			If yes, list Event #			<b>1</b> 1NO	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	egate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Т		-		\$	50.00	\$50.00
				•			•			

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE									FILING	G DUE DATE		
Oz For Governor, Inc.									Origina	al 04/12/2010		
		B. Itemized Co	ontributio	ons from	Individu	ıals						
Last Name Laramee	First Name William			MI T	Cash	contribution:  X Personal of Credit/Dec		Contribution 0261	on ID #	Amount of Contribution		
Residential Street Address 33 Lake St		City South Windsor			State CT	Zip Code 06074		ate Received 3/27/2010	)			
Principal Occupation controller		Name of Employer Timken Aerospace	Transmissi	ons		Is this contribution assoc fundraising event listed i If yes, list Event #		11?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes  Executive Legisla	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu \$2	tions 250.00	\$250.00		
Last Name Roth	First Name William			MI	Cash	contribution: Personal y Order X Credit/De		Contribution 0323	on ID #	Amount of Contribution		
Residential Street Address 91 Northington Dr		City Avon			State CT	Zip Code 06001		ate Received 3/27/2010	)			
Principal Occupation consultant & investor		Name of Employer self				Is this contribution assoc fundraising event listed i If yes, list Event #		un?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes  Executive Legisla	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu \$2	tions 250.00	\$250.00		
Last Name Reynolds	First Name Gary			MI	Cash	contribution: Personal of the property of the		Contribution 0324	on ID#	Amount of Contribution		
Residential Street Address 3B Talcott Glen Rd		City Farmington			State CT	Zip Code 06032		ate Received 3/28/2010	)			
Principal Occupation Golf Pro		Name of Employer Hartford Golf Club				Is this contribution assoc fundraising event listed i If yes, list Event #		H?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes  Executive Legisla	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00		
Last Name Natale	First Name Anthony			MI J	Cash	contribution:  X Personal of the Credit/Decoration of the Credit/Decora		Contribution 0291	on ID #	Amount of Contribution		
Residential Street Address 224 Country Ln		City Glastonbury			State CT	Zip Code 06073		ate Received 3/28/2010	)			
Principal Occupation Attorney		Name of Employer Natale & Wolinetz				Is this contribution assoc fundraising event listed i If yes, list Event #		11?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes  Executive Legisla	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu \$2	tions 250.00	\$250.00		

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	NG DUE DATE
Oz For Governor, Inc.							Origi	nal 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals		•	
Last Name Shipman	First Name William		MI	Cash	contribution:  X Personal Cl  y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 6 Talcott Mountain Rd		City Simsbury		State CT	Zip Code 06070		eceived 8/2010	
Principal Occupation Insurance Sales		Name of Employer HUB Int.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (	Contributions \$250.00	\$250.00
Last Name Newman	First Name Brian		MI J	Cash	contribution:  X Personal Cl / Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address  1 Fairway		City West Hartford		State CT	Zip Code 06117		eceived 8/2010	
Principal Occupation CPA		Name of Employer Kostin Ruffkess & Co, LLC			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (	Contributions \$250.00	\$250.00
Last Name Glassman	First Name Richard		MI A	Cash	contribution:  X Personal Cl  y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 16 Mountain Farms		City West Hartford		State CT	Zip Code 06117		eceived 8/2010	
Principal Occupation  Lawyer		Name of Employer Schatz Law Office			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (	Contributions \$250.00	\$250.00
Last Name Braunstein	First Name Meryl		MI M	Cash	contribution:  X Personal Cl / Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 136 Woodford Hills Dr .		City Avon		State CT	Zip Code 06001		eceived 8/2010	
Principal Occupation Homemaker		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$2,000.00	\$2,000.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Oz For Governor, Inc.							Ori	ginal 04/12/2010
		B. Itemized Contributi	ons from	Individu	ıals			
Last Name Braunstein	First Name Scott		MI H	Cash	contribution:    X   Personal Cl	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 136 Woodford Hills Dr .		City Avon		State CT	Zip Code 06001		Received 28/2010	
Principal Occupation  Executive		Name of Employer Data Mail Inc			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$2,000.0	0 \$2,000.00
Last Name Hutensky	First Name Jill		MI J	Cash	contribution:  X Personal Cl / Order Credit/Debi	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 30 Hollister Dr		City West Hartford		State CT	Zip Code 06117		Received 28/2010	
Principal Occupation Homemaker		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$250.0	0 \$250.00
Last Name Newman	First Name Jason		MI D	Cash	contribution:    X   Personal Cl	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 27 Crestwood Rd		City West Hartford		State CT	Zip Code 06107		Received 28/2010	
Principal Occupation CPA		Name of Employer Kostin Ruffkess & Co.			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$250.0	0 \$250.00
Last Name Braunstein	First Name Robert		MI A	Cash	contribution:  X Personal Cl / Order Credit/Debi	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address  1 Morgan Pl		City Avon		State CT	Zip Code 06001		Received 28/2010	
Principal Occupation Retired		Name of Employer NA		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$250.0	0 \$250.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)		_		
NAME OF COMMITTEE							F	FILING	DUE DATE
Oz For Governor, Inc.							О	Origina	1 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name Handel	First Name Morton		MI E	Cash	contribution:    X   Personal Cl y Order	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 3475 Windsor Pl		City Boca Raton		State FL	Zip Code 33496		e Received 28/2010		
Principal Occupation Retired		Name of Employer NA			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Y		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	\$1,000		\$1,000.00
Last Name Turrisi	First Name Andrea		MI	X Cash	contribution:  Personal Cl y Order Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 33 Hartford Rd		City Newington		State CT	Zip Code 06111		e Received /28/2010		
Principal Occupation Owner		Name of Employer Headline Hair Salon			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Y		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregat	te Contribution \$250		\$250.00
Last Name Greenfield	First Name Lawrence		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 17 Visgrove Ln		City West Hartford		State CT	Zip Code 06117		e Received /28/2010		
Principal Occupation  Executive		Name of Employer Conn Pkg Materials, Inc			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Y		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregat	te Contribution \$500		\$500.00
Last Name Zachs	First Name Eric		MI	Cash	contribution:  Personal Cl y Order X Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 53 Norwood Rd		City West Hartford		State CT	Zip Code 06117		e Received /28/2010		
Principal Occupation investments		Name of Employer self-employed		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	1 1		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution \$1,000		\$1,000.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Oz For Governor, Inc.							Origin	nal 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name Chase	First Name Cheryl		MI A	Cash	contribution:    X   Personal Cl	neck 02	ntribution ID #	Amount of Contribution
Residential Street Address 84 High Ridge Rd		City West Hartford		State CT	Zip Code 06117	Date Re 03/28	eceived 8/2010	
Principal Occupation Attorney		Name of Employer Chase Enterprises		•	Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$250.00	\$250.00
Last Name Roth	First Name David		MI M	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 02	ntribution ID#	Amount of Contribution
Residential Street Address 50 Whetten Rd		City West Hartford		State CT	Zip Code 06117	Date Re 03/28	eceived B/2010	
Principal Occupation  Managing Director		Name of Employer WLD Enterprises, Inc			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$1,000.00	\$1,000.00
Last Name Roth	First Name Linda		MI H	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 02	ntribution ID #	Amount of Contribution
Residential Street Address 50 Whetten Rd		City West Hartford		State CT	Zip Code 06117	Date Re 03/28	eceived 8/2010	
Principal Occupation Curator		Name of Employer Wadsorth Atheneum Museun	1		Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate C	Contributions \$1,000.00	\$1,000.00
Last Name Hensley	First Name Robert		MI S	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 02	ntribution ID#	Amount of Contribution
Residential Street Address 21 Cedar Hill Rd		City West Simsbury		State CT	Zip Code 06092	Date Re 03/29	eceived 0/2010	
Principal Occupation  Managing Member		Name of Employer Robert Hensley & Associates	, LLC		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)				
NAME OF COMMITTEE							FI	LING D	UE DATE
Oz For Governor, Inc.							Oı	riginal 0	4/12/2010
		B. Itemized Contribu	tions fron	n Individu	ıals		<u> </u>		
Last Name Guglielmo	First Name D. Anthor	ny	MI	Cash	contribution:    X   Personal C y Order		Contribution ID	)#	Amount of Contribution
Residential Street Address 100 Stafford St		City Stafford Springs		State CT	Zip Code 06076		ate Received 3/29/2010		
Principal Occupation State Senator		Name of Employer State of CT		•	Is this contribution association fundraising event listed in If yes, list Event # 032	Section J	1?		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis at child of a lob Yes	byist?	Aggreg	gate Contributions \$100.		\$100.00
Last Name O'Connor	First Name Kevin		MI	Cash	contribution:  X Personal C y Order Credit/Deb		Contribution ID 0275	)#	Amount of Contribution
Residential Street Address 94 Garfield Rd		City West Hartford		State CT	Zip Code 06107		ate Received 3/29/2010		
Principal Occupation Attorney		Name of Employer Bracewell & Giuliani		•	Is this contribution associa fundraising event listed in If yes, list Event #		те		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis at child of a lob Yes	byist?	Aggre	gate Contributions \$250.		\$250.00
Last Name Galbraith	First Name Leslie		MI	Cash	contribution:  X Personal C y Order Credit/Deb		Contribution ID	)#	Amount of Contribution
Residential Street Address 13 N Bottom Rdg		City Westerly	•	State RI	Zip Code 02891		ate Received 3/29/2010		
Principal Occupation CFO		Name of Employer World Business Capital, Inc	:		Is this contribution association fundraising event listed in If yes, list Event #		1 1 1 1 1		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis at child of a lob Yes	byist?	Aggre	gate Contributions \$300.		\$300.00
Last Name Hoffman	First Name Jeffrey		MI S	Cash	contribution:    X   Personal C y Order		Contribution ID 0285	)#	Amount of Contribution
Residential Street Address 149 Riverknolls		City Avon		State CT	Zip Code 06001		ate Received 3/29/2010		
Principal Occupation Co-Chairman		Name of Employer Self/Hoffman Auto Group		•	Is this contribution association fundraising event listed in If yes, list Event # 032		1?		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis at child of a lob	byist?	Aggre	gate Contributions \$1,000.		\$1,000.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Oz For Governor, Inc.							Origin	al 04/12/2010		
		B. Itemized Contribut	ions fron	ı Individu	ıals		•			
Last Name Cranmore	First Name John		MI J	Cash	contribution:    X   Personal Cl	heck 0287	oution ID #	Amount of Contribution		
Residential Street Address 15 Wyncairn Dr		City East Granby		State CT	Zip Code 06026	Date Recei 03/29/2				
Principal Occupation Attorney		Name of Employer Cranmore, Fitzgerald & Mean	ney		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	\$200.00	\$200.00		
Last Name Kraus	First Name Harold		MI S	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0264	oution ID #	Amount of Contribution		
Residential Street Address 209 Tunxis Rd		City West Hartford		State CT	Zip Code 06107	Date Recei 03/29/2				
Principal Occupation Retired		Name of Employer NA		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions 3,500.00	\$3,500.00		
Last Name Rapoport	First Name Glen		MI M	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0265	oution ID #	Amount of Contribution		
Residential Street Address 32 Ironwood Rd		City West Hartford		State CT	Zip Code 06117	Date Recei 03/29/2				
Principal Occupation  Dentist		Name of Employer Epstein & Rapoport		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Con	\$100.00	\$100.00		
Last Name Hark	First Name Peter		MI J	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0266	oution ID#	Amount of Contribution		
Residential Street Address 7 Winterset Ln		City Simsbury		State CT	Zip Code 06070	Date Recei 03/29/2				
Principal Occupation Portfolio Mgr		Name of Employer Talon Capital Management	_	•	Is this contribution associa fundraising event listed in If yes, list Event # 022	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$250.00	\$250.00		

		I. MONETARY	RECE	EIPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Oz For Governor, Inc.									Origina	al 04/12/2010
		B. Itemized Contri	butions	s from	Individu	als				
Last Name	First Name		М	1I	Method of o	contribution:		Contribution	on ID #	Amount of
Hark	Margaret				Cash Money	Order Personal C		0267		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
7 Winterset Ln		Simsbury			СТ	06070	0	3/29/2010	)	
Principal Occupation		Name of Employer				Is this contribution associa fundraising event listed in		1^	Yes	
Homemaker		NA NA					82010		No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N  Executive Legislative			tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$2	tions 250.00	\$250.00
Last Name	First Name		M	11	Method of o	contribution:		Contribution	on ID#	Amount of
Rottner	Susan		А	١.	Cash Money	Order Personal C		0269		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
4 Hillsboro Dr		West Hartford			СТ	06107	0	3/29/2010	)	
Principal Occupation Retired		Name of Employer NA				Is this contribution association fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N  Executive Legislative			tor a lobbyist	byist?	Aggre	gate Contribu	itions	\$500.00
Last Name	First Name	<del></del>	М	11	Method of o	contribution:	<u> </u>	Contribution	on ID #	Amount of
Gelfenbien	Roger		А	١	Cash Money	Y Personal C Credit/Deb		0271	,	Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
22100 Red Laurel Ln		Estero			FL	33928	0	3/29/2010	)	
Principal Occupation		Name of Employer				Is this contribution associa fundraising event listed in			Yes	
Retired		NA				If yes, list Event #		x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective			ependent	tor a lobbyist	byist?	Aggre	gate Contribu	itions 250.00	\$250.00
government the contract is with:	ー L	Executive Legislative		<u> </u>				1		
Last Name Gordon	First Name Cynthia		M H		Cash Money	contribution:    X   Personal C		Contribution 0272	on ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
82 Stoner Dr .		West Hartford			СТ	06107	0	3/29/2010	)	
Principal Occupation  Education		Name of Employer Granby Public Schools				Is this contribution association fundraising event listed in If yes, list Event # 032	Section J		Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N  Executive Legislative			tor a lobbyist	byist?	Aggre	gate Contribu \$3,5	itions	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Oz For Governor, Inc.							Origin	al 04/12/2010			
B. Itemized Contributions from Individuals											
Last Name Gordon	First Name David		MI G	Cash	contribution:    X   Personal Cl	neck 0273	ution ID#	Amount of Contribution			
Residential Street Address 82 Stoner Dr		City West Hartford		State CT	Zip Code 06107	Date Receiv 03/29/20					
Principal Occupation  Managing Partner		Name of Employer The Riverside Co.			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes No				
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions 3,500.00	\$3,500.00			
Last Name Cantafio	First Name Armand		MI J	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0274	ution ID#	Amount of Contribution			
Residential Street Address 455 Bic Dr .		City Milford		State CT	Zip Code 06461	Date Receiv 03/29/20					
Principal Occupation  President		Name of Employer Northeast Electronics Corp.			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$250.00	\$250.00			
Last Name Klene	First Name Roger		MI	Cash	contribution:  Personal Cl y Order X Credit/Debi	neck 0325	ution ID#	Amount of Contribution			
Residential Street Address 37 Mountain Rd		City Farmington		State CT	Zip Code 06032	Date Receiv 03/29/20					
Principal Occupation President & CEO		Name of Employer  Mott Corporation		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions 3,500.00	\$3,500.00			
Last Name Estes III	First Name George		MI	Cash	contribution:  Personal Cl y Order X Credit/Debi	neck 0326	ution ID#	Amount of Contribution			
Residential Street Address 47 Sunset Farm Rd		City West Hartford		State CT	Zip Code 06107	Date Receiv 03/29/20					
Principal Occupation Insurance Executive		Name of Employer Sparta Insurance Co			Is this contribution associa fundraising event listed in If yes, list Event #	Section J19	Yes				
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions 3,500.00	\$3,500.00			

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	IG DUE DATE
Oz For Governor, Inc.							Origi	nal 04/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals		•	
Last Name Corroon	First Name John		MI A	Cash	contribution:    X   Personal Characteristics   Personal Characteristics   Credit/Debit   Personal Characteristics   Personal Cha	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 32 Whetten Rd		City West Hartford		State CT	Zip Code 06117		eceived 9/2010	
Principal Occupation  Managing Director		Name of Employer Conning & Company		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (	Contributions \$250.00	\$250.00
Last Name Lyon	First Name James		MI B	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 02	ontribution ID#	Amount of Contribution
Residential Street Address 21 Bishop Rd		City West Hartford		State CT	Zip Code 06119		eceived 0/2010	
Principal Occupation Attorney		Name of Employer  Murtha Cullina LLP			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (	Contributions \$1,000.00	\$1,000.00
Last Name Heyman	First Name Daniel		MI G	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 03	ontribution ID #	Amount of Contribution
Residential Street Address 40 Kenneth Rd		City Hartsdale		State NY	Zip Code 10530	Date Ro	eceived 0/2010	
Principal Occupation attorney		Name of Employer self			Is this contribution associate fundraising event listed in Surface If yes, list Event # 031	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (	Contributions \$250.00	\$250.00
Last Name Dowling	First Name Anne		MI M	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 03	ontribution ID#	Amount of Contribution
Residential Street Address 37 Sunset Farm Rd		City West Hartford		State CT	Zip Code 06107		eceived 0/2010	
Principal Occupation homemaker		Name of Employer self			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$200.00	\$200.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Murray	Robert				Cash Money	y Order X Credit/De		0328		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
19 Fernway		Lynnfield			MA	01940	0	3/30/2010	0	
Principal Occupation Banker		Name of Er Eastern				Is this contribution associ fundraising event listed in If yes, list Event # 03		<sub>J1?</sub>	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$1	utions 100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contribution	on ID #	Amount of
Nord	David				Cash Money	Personal C  y Order  X  Credit/De		0329		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
16 Oak Blf		Avon			СТ	06001	0	3/30/2010	0	
Principal Occupation		Name of Er	nployer			Is this contribution associ			Yes	
CFO		Hubbell				fundraising event listed in If yes, list Event #	Section .	x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$2	utions 250.00	\$250.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Freedman	Joel				Cash Money	y Order X Credit/De		0330		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
213 Tryon St		Glastonb	ury		СТ	06073	0	3/30/2010	0	_
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in			Yes	
Consultant		Self				If yes, list Event #	i Section .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	utions	Ī
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	•		\$2	250.00	\$250.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Dietz	Stephen			E	Cash Money	Personal C  y Order X Credit/De		0331		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
96 State St		Brooklyn			NY	11201	0	3/30/2010	0	_
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in		1^	Yes	
Retired		Retired				If yes, list Event # 03			No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent	child of a lob	-		\$5	500.00	\$500.00
government the contract is with:		LACCULIVE	Legisiative	'		110	<u> </u>			<u> </u>

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Oz For Governor, Inc.									Origina	al 04/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals		<u> </u>		
Last Name Daly	First Name Julie			MI M	Cash	contribution: Personal C y Order X Credit/Del		Contribution 0332	n ID#	Amount of Contribution
Residential Street Address 342A Maple St		City Wethersf	ield		State CT	Zip Code 06109		Date Received 03/30/2010		
Principal Occupation Program Manager		Name of Er MetroHa	nployer rtford Alliance			Is this contribution associ- fundraising event listed in If yes, list Event #				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggre	egate Contributi \$2	ions 25.00	\$25.00
Last Name Linehan	First Name Lisa			MI	Cash	contribution:  Personal C y Order X Credit/Del		Contribution 0334	ı ID#	Amount of Contribution
Residential Street Address 23 Fox Den Rd		City Simsbury	/		State CT	Zip Code 06092		Date Received 03/30/2010		
Principal Occupation  Landscape Design		Name of Er Self	mployer			Is this contribution associ- fundraising event listed in If yes, list Event # 03:			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contributi \$25	ions 50.00	\$250.00
Last Name Linehan	First Name Timothy			MI J	Cash	contribution:  Personal C y Order X Credit/Del		Contribution 0335	ı ID#	Amount of Contribution
Residential Street Address 23 Fox Den Rd		City Simsbury	/		State CT	Zip Code 06092		Date Received 03/30/2010		
Principal Occupation  Marketing		Name of Er	mployer & Gamble			Is this contribution associ- fundraising event listed in If yes, list Event # 03:	Section .			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contributi \$25	ions 50.00	\$250.00
Last Name Rohrs	First Name Annie			MI	Cash	contribution:  Personal C y Order X Credit/Del		Contribution 0336	n ID#	Amount of Contribution
Residential Street Address 435 E 79th St Apt 2-0		City New York	<		State NY	Zip Code 10075		Date Received 03/30/2010		
Principal Occupation  Communications		Name of E	mployer		•	Is this contribution associ- fundraising event listed in If yes, list Event #				
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contributi \$5	ions 50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Oz For Governor, Inc.							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name Porter	First Name Kenneth		MI L	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0337	oution ID#	Amount of Contribution
Residential Street Address 88 Whippoorwill Hollow Rd		City Franklin		State CT	Zip Code 06254	Date Recei 03/30/2		
Principal Occupation  Executive		Name of Employer Hampton Products Int.			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	ributions \$200.00	\$200.00
Last Name Boudreau	First Name Kenneth		MI L	Cash	contribution:  X Personal Ch y Order Credit/Debi	eck 0283	oution ID#	Amount of Contribution
Residential Street Address 4 Porter Rd		City Farmington		State CT	Zip Code 06032	Date Recei 03/30/2		
Principal Occupation Retired		Name of Employer NA			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	ributions \$500.00	\$500.00
Last Name Falk	First Name Scott		MI A	Cash	contribution:  X Personal Characteristics of the contribution:  y Order Credit/Debi	eck 0284	oution ID#	Amount of Contribution
Residential Street Address 119 Brookmoor Rd		City West Hartford		State CT	Zip Code 06107	Date Recei 03/30/2		
Principal Occupation Attorney		Name of Employer Bingham			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	ributions \$250.00	\$250.00
Last Name Hayes	First Name Gerald		MI W	Cash	contribution:  X Personal Ch y Order Credit/Debi	eck 0288	oution ID#	Amount of Contribution
Residential Street Address 109 Jamestown Dr		City Springfield		State MA	Zip Code 01108	Date Recei 03/30/2		
Principal Occupation VP		Name of Employer Westfield State College			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	ributions \$250.00	\$250.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Oz For Governor, Inc.							Origin	nal 04/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name Kelley	First Name Thomas		MI P	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 028	tribution ID #	Amount of Contribution
Residential Street Address 114 Steele Rd		City West Hartford		State CT	Zip Code 06119	Date Rec 03/30/		
Principal Occupation Investment Manager		Name of Employer Cornerstone Real Estate Adv	isors		Is this contribution associate fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	\$500.00	\$500.00
Last Name Clemow	First Name Susan		MI B	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 029	tribution ID # 94	Amount of Contribution
Residential Street Address 154 Steele Rd		City West Hartford		State CT	Zip Code 06119	Date Rec 03/30/		
Principal Occupation  Consultant		Name of Employer Clemow Consulting Group			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$1,000.00	\$1,000.00
Last Name Lewis	First Name Paul		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 033	tribution ID #	Amount of Contribution
Residential Street Address 21 Staples Pl		City West Hartford		State CT	Zip Code 06107	Date Rec 03/30/		
Principal Occupation Owner		Name of Employer Dittman & Greer			Is this contribution associate fundraising event listed in the state of the state o		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	\$150.00	\$150.00
Last Name Trotter	First Name Teri		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 030	tribution ID #	Amount of Contribution
Residential Street Address 13 Farnham Way		City Farmington		State CT	Zip Code 06032	Date Rec 03/30/		
Principal Occupation housewife		Name of Employer self			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$1,000.00	\$1,000.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Oz For Governor, Inc.									Origina	al 04/12/2010
		B. Ite	emized Contributi	ions fron	Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Trotter	Lloyd			G	Cash Money	Personal (  x Credit/De		0301		Contribution
Residential Street Address	-	City		-	State	Zip Code	Е	ate Received		
13 Farnham Way		Farmingto	on		СТ	06032	0	3/30/2010	)	
Principal Occupation managing partner/founder		Name of En	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribut \$1,0	tions 00.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contributio	n ID#	Amount of
Filomeno	Thomas			J	Cash Money	y Order Resonal Credit/De		0327	1110 11	Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
31 Bonny View Rd		West Har	tford		СТ	06107	0	3/31/2010	)	
Principal Occupation CPA		Name of En Filomenc	nployer o & Co PC			Is this contribution assoc fundraising event listed in If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribut \$1,0	tions 00.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
McKenna	Paul			J	Cash Money	y Order X Credit/De		0351		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
16 Pine Glen Rd		Simsbury	,		СТ	06070	0	3/31/2010	)	
Principal Occupation Orthodontist		Name of En McKenna	nployer a Orthodontics, PC			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribut \$2	tions 50.00	\$250.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Enders	Tracy			В	Cash Money	y Order X Credit/De		0352		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
160 Wall St		Coventry			СТ	06238	0	3/31/2010	)	
Principal Occupation  Area Representative		Name of En	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis	byist?	Aggre	egate Contribut	tions 40.00	\$40.00
government the contract is with:	Ш	Executive	Legislative	\	res x	No				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Brown	Larry			С	Cash Money	Personal (  x Credit/De		0338		Contribution
Residential Street Address		City		-	State	Zip Code	Б	ate Received		
29 S Main St		West Har	tford		СТ	06107	0	3/31/2010	)	
Principal Occupation  Executive Recruiter		Name of Er Horton I				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu	tions 00.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Knierim	Paul			J	Cash Money	y Order X Personal Credit/De		0311		Contribution
Residential Street Address	•	City		•	State	Zip Code	Е	ate Received		
97 Hedgehog Ln		West Sim	sbury		СТ	06092	0	3/31/2010	)	
Principal Occupation probate Court administrator/judge	1	Name of Er State of			•	Is this contribution associ fundraising event listed in		J1?	Yes	
						If yes, list Event #			No	•
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Cheshire	Michael			J	Cash Money	Personal (  x Credit/De		0344		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
22 Mountain Rd		Farmingt	on		СТ	06032	0	3/31/2010	)	•
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in			Yes	
Retired		Retired				If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	egate Contribu	tions	•
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Î	t child of a lob Yes	•		\$5	00.00	\$500.00
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contributio	n ID#	Amount of
Sieber	Glenn			А	Cash Money	y Order X Personal Credit/De		0313		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
7 Whitman Pond Rd		Simsbury	,		СТ	06070	0	3/31/2010	)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
Teacher		Avon Old	l Farms School			If yes, list Event #	i booubii .	х	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		outor a lobbyis	-	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	t child of a lob Yes	-		\$5	00.00	\$500.00
government the contract is with:		LACCUNVE	Legisiative			110				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Hoffman	Jeffrey			S	Cash	y Order X Personal C		0309		Contribution
Decidential Court Address		City						ate Received		1
Residential Street Address 149 Riverknolls		City Avon			State	Zip Code 06001		3/31/2010	)	
Principal Occupation		Name of E	mployer			Is this contribution associ	iated with	а Г	Yes	†
co-chairman		l	man Auto Group			fundraising event listed in	n Section .	J1? <b></b>	No	
						If yes, list Event #			NO	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I '─	res x	*		\$1,0	00.00	\$1,000.00
Last Name	First Name			MI	I	contribution:		Contributio	on ID #	
Larson	Fred			Α	Cash	X Personal C	Check	0306	лг нэ #	Amount of Contribution
		1			Money	y Order Credit/De	bit Card			
Residential Street Address		City			State	Zip Code		ate Received		
2416 New London Tpke			astonbury		СТ	06073	_	3/31/2010		<del> </del>
Principal Occupation		Name of Er retired	nployer			Is this contribution associ fundraising event listed in		J1?	Yes	
retired		recired				If yes, list Event #		<u> x</u>	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	tions	Ī
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	-		\$1	.00.00	\$100.00
government the contract is with:		Executive	Legislative	<del>                                     </del>	I		<u> </u>	1		1
Last Name Maagero	First Name Deborah			MI A	Method of Cash	contribution:    X   Personal (	Check	Contributio	on ID#	Amount of Contribution
					_	y Order Credit/De	bit Card	0307		Commount
Residential Street Address		City			State	Zip Code	D	ate Received		
11 Pleasantview Dr		Suffield			СТ	06078	0	3/31/2010	)	1
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in			Yes	
homemaker		self				If yes, list Event #	i bection .	x	No	
Is contributor a principal of a state contractor of	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	it, spouse, or	Aggre	gate Contribu	tions	†
state contractor? Is yes, indicate which branch or branches of			_	dependent	child of a lob	byist?	1.55.0	-	250.00	\$250.00
government the contract is with:		Executive	Legislative	L \	res X	No		1		
Last Name	First Name			MI		contribution:	OI 1	Contributio	on ID#	Amount of
Holcombe	Shepherd			M	Cash Money	y Order Rersonal C		0308		Contribution
Residential Street Address		City		•	State	Zip Code	D	ate Received		1
42 Pilgrim Rd		West Ha	tford		СТ	06117	0	3/31/2010	)	
Principal Occupation		Name of E	mployer		•	Is this contribution associ			Yes	Ī
consulting actuary-pensions		retired				fundraising event listed in If yes, list Event #	n Section .	J1?	No	
To contributor o minimal of				т			1			+
Is contributor a principal of a state contractor of state contractor?	л ргоѕресиче		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribu \$2	tions 250.00	\$250.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res X	No		<b></b>	.50.00	φ230.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. It	emized Contribut	ions fron	ı Individu	uals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Hughes	Marilyn			F	Cash Money	y Order X Personal C		0310		Contribution
Residential Street Address		City		•	State	Zip Code	D	ate Received		
28 Rockwood Heights Rd		Manches	ter by the Sea		MA	01944	0	3/31/2010	)	
Principal Occupation		Name of Er			•	Is this contribution associ fundraising event listed in		J1?	Yes	
customer service		TD Bank	•			If yes, list Event #		x	No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contribu	tions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Î	res x	•		\$1	.00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	1	Contributio	on ID #	Amount of
Monty	Charles				Cash Money	y Order X Personal C		0312		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
34 Stonehenge Way		North Gr	anby		СТ	06060	0	3/31/2010	)	
Principal Occupation		Name of E	mployer		•	Is this contribution associ			Yes	
Operations Management		IDS Uniț	ohase			fundraising event listed in If yes, list Event #	i Section .	)1?   <b>x</b>	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis	-	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$1	.25.00	\$125.00
government the contract is with:  Last Name	First Name	LACCULIVE	Legislative	I <sub>MI</sub>	I	contribution:	<u> </u>	1	ID.//	<u> </u>
Barrieau Jr.	Gerard			IVII	Cash	x Personal (	Check	Contributio	on ID#	Amount of Contribution
					Money	y Order Credit/De	bit Card	0311		
Residential Street Address		City	+60 u.d		State CT	Zip Code 06107		ate Received	`	
47 Soby Dr		West Har			CI	Is this contribution associ				l T
Principal Occupation Senior partner		Name of Er Pakmail	nployer			fundraising event listed in		J1?	Yes	
Semon parener						If yes, list Event #		<u> X</u>	No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	tions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Î	res x	•		\$5	00.00	\$500.00
Last Name	First Name			MI	I	contribution:		Contributio	on ID #	
Larkin-Thorne	Sonja			L	Cash	y Order Personal Credit/De		0315	лг 1D #	Amount of Contribution
Residential Street Address		City			State	Zip Code		ate Received		
4 Avondale Dr		Avon			CT	06001		3/31/2010	)	
Principal Occupation		Name of Er	mployer		-	Is this contribution associ	ated with	a	Yes	<b>†</b>
retired		retired				fundraising event listed in If yes, list Event #	Section .	J1? x	No	
Is contributor a principal of a state contractor of	or prospective	1	Yes X No	Is contrib	utor a lobbyis	st, spouse, or	Aggre	gate Contribu	tions	İ
state contractor? Is yes, indicate which branch or branches of			_	I -	child of a lob	-		-	500.00	\$500.00
government the contract is with:	Ш	Executive	Legislative	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res X	No	1			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Oz For Governor, Inc.									Origin	al 04/12/2010
		B. It	emized Contribut	ions fron	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Tomasso	Angelo				Cash Money	Personal C  x Credit/De		0339		Contribution
Residential Street Address		City		•	State	Zip Code	Е	Date Received		
132 Roslyn Dr		New Brita	ain		СТ	06052	0	3/31/201	0	
Principal Occupation Retired		Name of Er Retired	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractorstate contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$2,0	utions	\$2,000.00
Last Name	First Name			MI		contribution:		Contribution	on ID#	Amount of
Sprung	Barry				Cash Money	y Order		0340		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
12 N Star Rd		Closter			NY	07624	0	3/31/201	0	
Principal Occupation		Name of E	mployer		•	Is this contribution associ		1^	Yes	
СРА		Cohen &	Sprung LLC			fundraising event listed in  If yes, list Event # 03			No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$2,!	utions 500.00	\$2,500.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Cohen	Richard			G	Cash Money	Personal C  x Credit/De		0341		Contribution
Residential Street Address		City		-	State	Zip Code	Е	Date Received		
1276 Diane Dr		Seaford			NY	11783	0	3/31/201	0	_
Principal Occupation		Name of Er				Is this contribution associ		1^	Yes	
Accountant		Cohen &	Sprung LLC			fundraising event listed in  If yes, list Event # 03			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	utions	†
state contractor? Is yes, indicate which branch or branches of			_	1 m	child of a lob	•		\$2,	500.00	\$2,500.00
government the contract is with:		Executive	Legislative	L \	res X	No				
Last Name	First Name Michael			MI W	Method of Cash	contribution:	Theck	Contributi	on ID#	Amount of
Tomasso	Michael			VV		y Order X Credit/De		0342		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
PO Box 3040		New Brita	ain		СТ	06050	0	3/31/201	0	1
Principal Occupation		Name of E				Is this contribution associ fundraising event listed in		J1?	Yes	
CEO		Tomasso	Group Group			If yes, list Event #	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	х	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis	-	Aggre	egate Contribu	utions	Ì
state contractor? Is yes, indicate which branch or branches of		P 2		dependent	child of a lob	-		\$1,0	00.00	\$1,000.00
government the contract is with:	Ш	Executive	Legislative	Т Г ,	es 🔼	No				<u> </u>

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILI	NG DUE DATE
Oz For Governor, Inc.							Orig	inal 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals		•	
Last Name	First Name		MI		contribution:		ontribution ID #	Amount of
Quiros	R. Dario			Cash Money	Personal Ch y Order X Credit/Debi	03	343	Contribution
Residential Street Address		City		State	Zip Code		eceived	
111 Bloomfield Ave		Hartford		СТ	06105  Is this contribution associated the contribution associated associated the contribution associated the contribution associated the contribution associated the contribution associated associated the contribution associated a		1/2010	-
Principal Occupation  Businessman		Name of Employer Hartford Financial Manageme	ent		fundraising event listed in the state of the		X No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (	Contributions \$1,000.00	\$1,000.00
Last Name Byrd	First Name Christoph	er	MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 03	ontribution ID#	Amount of Contribution
Residential Street Address 27 Pilgrim Rd		City West Hartford	•	State CT	Zip Code 06117		eceived 1/2010	]
Principal Occupation  EVP		Name of Employer Evolution Benefits, Inc			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate (	Contributions \$250.00	\$250.00
Last Name Leever	First Name Daniel		MI H	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 03	ontribution ID #	Amount of Contribution
Residential Street Address 1397 Vail Valley Dr .	•	City Vail	•	State CO	Zip Code 81657		eceived 1/2010	
Principal Occupation CEO		Name of Employer MacDermid Inc.			Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes X No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (	Contributions \$2,500.00	\$2,500.00
Last Name Steele	First Name Rick		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 03	ontribution ID #	Amount of Contribution
Residential Street Address 65 Dock Rd		City Chester		State CT	Zip Code 06412		eceived 1/2010	
Principal Occupation CEO		Name of Employer NuRide			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	DUE DATE
Oz For Governor, Inc.								Origina	1 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Sams	First Name David		MI E	Cash	contribution: Personal C		Contribution 0348	ID#	Amount of Contribution
Residential Street Address 549 White Pelican Cir		City Vero Beach		State FL	Zip Code 32963		ate Received 3/31/2010		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contributio		\$1,000.00
Last Name Sams	First Name Betsy		MI B	Cash	contribution: Personal C  Order X Credit/Deb		Contribution 0349	ID#	Amount of Contribution
Residential Street Address 549 White Pelican Cir		City Vero Beach		State FL	Zip Code 32963		ate Received 3/31/2010		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	utor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contributio		\$1,000.00
Last Name English	First Name Lawrence	:	MI	Cash	contribution: Personal Contribution:  Order X Credit/Deb		Contribution 0350	ID#	Amount of Contribution
Residential Street Address 29B 675 Longboat Club Rd		City Longboat Key		State FL	Zip Code 34228		ate Received 3/31/2010		
Principal Occupation  Executive		Name of Employer CIFG			Is this contribution associa fundraising event listed in If yes, list Event #		1 1	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contributio	ons 00.00	\$500.00
Last Name Marsted	First Name Jeffrey		MI G	Cash	contribution: Personal C		Contribution 0302	ID#	Amount of Contribution
Residential Street Address 125 Indian Hill Rd		City Canton		State CT	Zip Code 06019		ate Received 3/31/2010		
Principal Occupation Investments		Name of Employer Bradley, Foster & Sargent			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contributio	ons 00.00	\$100.00
							Total of Se	ection B	\$272,276.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page)							\$272,276.00		

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	DUE DATE	
Oz For Governor, Inc.							Original	04/12/2010	
C1. Contributions from Other Committees									
Name of Committee					Name of Treasurer				
Address			Is this contribution a fundraising event			Yes If yes, list Event	t#	Amount of Contribution	
City	State	Zip	Code	Date R	eceived	Aggregate Contributions			
Total of Section C1									

I. MONETA							
NAME OF COMMITTEE				FILIN	IG DUE DATE		
Oz For Governor, Inc.			(	Origi	nal 04/12/2010		
C2. Reimbursements or Payments from other Committees							
Name of Committee			Name of Treasurer				
Address			Date Received		Amount of Receipt		
City	State	Zip Code	Reimbursement for shared expense				
			Payment for goods and services				
Total of Section C2							

	I. MONETARY RECEIPTS (Section	on A-K	)			
NAME OF COMMITTEE					FILING	DUE DATE
Oz For Governor, Inc.					Original	04/12/2010
	D. Loans Received this Period				•	
Name of Lender R Nelson Griebel Street Address 7 Caryn Ln Name of Cosigner/Guarantor	City Weatogue City	State CT	Zip Code 06089 Zip Code	Source of Loan:  Bank  Candidate  Individual  Other  Committee  Date Received	Is there a cosigner or Guarantor of this loan?  Yes  No	Amount Received
			Zip code	01/22/2010		\$50.00
Name of Lender R Nelson Griebel Street Address 7 Caryn Ln Name of Cosigner/Guarantor	City Weatogue	State CT	Zip Code 06089	Source of Loan:  Bank  X Candidate  Individual  Other  Committee	Is there a cosigner or Guarantor of this loan?  Yes  X No	Amount Received
Street Address	City	State	Zip Code	Date Received 01/26/2010		\$20,000.00
Name of Lender R Nelson Griebel Street Address	City	State	Zip Code	Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
7 Caryn Ln	Weatogue	СТ	06089	X Candidate	Yes	
Name of Cosigner/Guarantor				Individual Other Committee	X No	
Street Address	City	State	Zip Code	Date Received 03/31/2010		\$10,000.00
Total of Section D						\$30,050.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE					FILING DUE DATE					
Oz For Governor, Inc.	Oz For Governor, Inc. Original 04/12/2010									
	E. Personal Funds of the Candidate Received this Period									
Date Received	Amount	Method of Paymen	it Cash	Personal Check	Credit/Debit Card					
Total of Section E										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTE	Œ				FILING DUE DATE					
Oz For Governor, Inc.	Original 04/12/2010									
Date Received	Amount									

I. Monetary Receipts (Section A-I)									
NAME OF COMMITTEE					FILING DUE DATE				
Oz For Governor, Inc.	Origi	nal 04/12/2010							
G. Interest from Deposits in Authorized Accounts									
Name of Institution		Date Received				Total Amount Received			
Street Address	City		State	Zip Code					
Total of Section G									

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE	FILING DUE DATE									
Oz For Governor, Inc.	Original 04/12/2010									
H. Public Grant Funds Received from the Citizen's Election Fund										
Purpose of Grant:  Initial  Primary General or Special Election	Supplemental/Independent Expenditure Primary General or Special Election	Date Received	Amount							
Supplemental/Post Election Deficit  General or Special Election	Supplemental/Excess Expenditure Primary General or Special Election									
		Total of Section	Н							

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE				FILI	NG DUE DATE					
Oz For Governor, Inc.				Origi	nal 04/12/2010					
I. Miscellaneous Monetary Receipts not Considered Contributions										
Name	Date of Transaction			Amount Received						
Street Address	City	State	Zip Code							
Description										
Total of Section I										

II. FUNDRAISING EVENT ACTIVITY										
NAME OF					FILING DUE	DATE				
OMMITTEE Oz For Governor, I	nc.				Original 04/12	/2010				
	J1. Fundra	nising Event Information								
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code				
Date of Fundraiser Letter 02/28/2010 A	Home Fundraiser	45 Blue Ridge Dr	Weato	gue	ст	06089				
Was this fundraising event h	osted at a personal residence?	•	X Yes	No						
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?										
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No						
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code				
Date of Fundraiser Letter 03/11/2010 B	Cocktail Event	61 W 62nd St	New Y	ork	NY	10023				
Was this fundraising event h	osted at a personal residence?	•	Yes	x No						
Did this fundraiser include it items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No						
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No						
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code				
03/23/2010 C	Cocktail Event	100 Federal St	Bostor	1	МА	02110				
Was this fundraising event h	osted at a personal residence?		Yes	X No						
Did this fundraiser include ite items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	x No						
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No						
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code				
03/25/2010 D	Cocktail Event	200 Columbus Blvd	Hartfo	rd	СТ	06103				
Was this fundraising event h	osted at a personal residence?	•	Yes	x No						
Did this fundraiser include it items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No						
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No						
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code				
03/28/2010 E	Home Fundraiser	27 Porter Dr	West I	Hartford	СТ					
Was this fundraising event h	osted at a personal residence?		X Yes	No						
Did this fundraiser include it items donated by an individu	ems donated by a business entity of up to \$100 or al of up to \$50?		X Yes	No No						
Was this fundraiser a tag sale	e, auction, or other sale of donated items?		Yes	X No						

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE							FILIN	G DUE DATE	
Oz For Governor, Inc. Origina									
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items									
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	Method of payment:  Cash Personal Check Credit/Debit					Aggregate Amount of Purchases	
Residential Street Address	City	Stat	te	Zip Code	Date Received	d Event#			
Items Purchased	•		•			•			
Total of Section J2									

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE							FILING	G DUE DATE		
Oz For Governor, Inc.							Origin	al 04/12/2010		
J3. In-Ki	nd Donations Not Considered Contribut	ions								
Name of the Donor  Janet Miller					Donation G	<u> </u>	ess Entity	Fair Market Value of Donation		
Street Address 45 Blue Ridge Dr	City Weatogue		State CT	Zip 060	Code 89	Aggregate value for this even				
Description of Donation Food, beverages, paper goods	Date Received Event # 02/28/2010 022810A					\$180.15				
Name of the Donor William Miller					Donation G	_	ess Entity	Fair Market Value of Donation		
Street Address 45 Blue Ridge Dr	City Weatogue		State CT	Zip 060	Code 89	Aggregate value for this even				
Description of Donation food, papergoods, coat racks		l	Receive 28/20		Event # 022810A	1		\$169.48		
Name of the Donor  Mark Mandell					Donation G  X Indivi	_	ess Entity	Fair Market Value of Donation		
Street Address 27 Porter Dr	City West Hartford		State CT	Zip 061	Code	Aggregate value for this even				
Description of Donation food, beverages, paper goods		ı	Receive 28/20		Event # 032810E			\$200.00		
						Total of Se	ction J3	\$549.63		

III. NONMONETARY RECEIPTS										
NAME OF COMMITTEE							FILING I	DUE DATE		
Oz For Governor, Inc.  Original 04								04/12/2010		
K. In-Kind Contributions										
Name Date Received Payne D Marcia 03/31/2010								Fair Market Value of this Contribution		
Street Address 3 Red Oak Ct		City Weato	ogue	State CT	Zip Code 06089					
Type of Contributor:  x Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor?  If yes, indicate which branch or branches a government the contract is with:	•	Executi		Yes No Legislative			
Is this contribution associated with a fundalisted in Section J1? If yes, list Event#	raising event Yes  X No		scription of In-Kind Contribution arterly postage fees			Aggregate contr	ibutions \$66.65	\$66.65		
						Total of	Section K	\$66.65		

III. Non Monetary Receipts									
NAME OF COMMITTEE	FILING DUE DATE								
Oz For Governor, Inc.	Original 04/12/2010								
L. Refundable Deposit to Telephone Company									
Last Name ( Individuals Only )	First Name	First Name			MI Date Receive		Amount of Deposit		
Street Address	City		State	Zip Code					
Name of Telephone company									
Street Address	City				State	Zip Code			
					-	Total of Section	L		

III. NONMONETARY RECEIPTS										
NAME OF COMMITTEE						F	ILING DUE DATE			
Oz For Governor, Inc.						С	riginal 04/12/2010			
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee										
Name of Committee Name of Treasurer										
Street Address		Date Notice Received				ed	Fair Market Value of Donation			
City	State	Zip Code		Aggregate Donations		is				
Description of Donation	Purpose of Exp	penditure B	С	D	Е					
Total of Section M										

IV. EXPENDITURES									
NAME OF COMMITTEE						FILI	NG DUE DATE		
Oz For Governor, Inc.						Origi	nal 04/12/2010		
N. Expenses Paid By Committee									
Name of Payee  Webster Bank  Street Address 65 Lasalle Rd  Description fedwire fee	City West Hartford	State CT	Zip Code 06127	Date of Payment 01/26/2010 Purpose of Expenditure BNK	Method of Payr  X Check #  dm  Debit Car  Event #		Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Name		Office Sought			\$15.00		
Name of Payee				Date of Payment	Method of Payı	ment	Amount		
Ashley Maagero				01/29/2010	X Check #				
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>091</u>				
11 Pleasant Vw Dri	Suffield	СТ	06078	WAGE	Debit Car	d d			
Description payroll			•		Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  X  No	r Other Candidate(s) N	lame		Office Sought			\$5,286.98		
Name of Payee  Maelstrom Solutions				Date of Payment 02/03/2010	Method of Payr	ment	Amount		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>				
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	Debit Car	d .			
Description yourpatriot.com contribution processing fe	ees				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No.	r Other Candidate(s) N	lame		Office Sought			\$28.40		

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Oz For Governor, Inc.						Origi	nal 04/12/2010	
N. Expenses Paid By Committee								
Name of Payee Udolf Investments, LLC				Date of Payment 02/04/2010	Method of Payr	ment	Amount	
Street Address 2475 Albany Ave Ste 205	City West Hartford	State CT	Zip Code 06117	Purpose of Expenditure OVHD	093 Debit Car	d		
Description monthly rent for headquarters		1		1	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Vame		Office Sought			\$2,100.00	
Name of Payee				Date of Payment	Method of Pays	ment	Amount	
Wilton Town Committee				02/06/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>092</u>			
283 Danbury Rd	Wilton	СТ	06897	ATT *	Debit Car	d		
Description Lincoln dinner attendance fee					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	Jame		Office Sought			\$150.00	
X No				Γ	1		Ψ100.00	
Name of Payee				Date of Payment	Method of Payı	ment	Amount	
Maelstrom Solutions	<u> </u>		T	02/08/2010	X Check #			
Street Address  200 S Executive Dr Ste 101	City Brookfield	State WI	Zip Code 53005	Purpose of Expenditure BNK	dm Debit Car	ď		
Description	1		1	1	Event #			
yourpatriot.com contribution processing fe	ees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Name		Office Sought			\$207.80	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILE	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
N. Expenses Paid By Committee							
Name of Payee Maelstrom Solutions				Date of Payment 02/08/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	Debit Car	d d	
Description yourpatriot.com contribution processing fe	ees		•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	or Other Candidate(s) N	lame		Office Sought			\$3.20
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Maelstrom Solutions				02/10/2010	X Check #		
	City	State	Zip Code	Purpose of Expenditure	dm Check #		
Street Address 200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	Debit Car	·d	
Description	Districts		1		Event #		
yourpatriot.com contribution processing fe	ees						
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	Jame		Office Sought			
X No							\$461.40
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Harland Clarke/Webster Bank	Т		ı	02/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	ACH		
65 Lasalle Rd	West Hartford	СТ	06107	BNK	Debit Car	d	
Description  check printing charge					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	or Other Candidate(s) N	Jame		Office Sought			\$50.67

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				-	
Name of Payee  Deluxe Business Systems/Webster Bank				Date of Payment 02/10/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>ACH</u>		
65 Lasalle Rd	West Hartford	СТ	06127	вик	Debit Car	ď	
Description deposit forms			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Name		Office Sought			\$54.30
Name of Payee				Date of Payment	Method of Pay	ment	Amount
-					l	mem	Amount
Deluxe Business Systems/Webster Bank		1	T	02/11/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	ACH Debit Car	d	
65 Lasalle Rd	West Hartford	СТ	06127	OFFICE	<del> </del>	<u> </u>	
Description for deposit stamp					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			
x <sub>No</sub>							\$36.81
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Webster Bank		1	I	02/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1004		
65 Lasalle Rd	West Hartford	СТ	06127	WAGE	Debit Car	d	
Description payroll tax deposit					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	Jame		Office Sought			\$2,771.05
X No							φ <b>2,</b> //1.03

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Bingham McCutchen LLP				Date of Payment 02/16/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1005		
1 State St	Hartford	СТ	06103-3178	RCW	Debit Car	ď	
Description reimbursement of filing fee for incorporati	on forms filed with State of Connecticu	t			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Zag Interactive		I		02/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1006   Debit Car	v4	
50 Nye Rd	Glastonbury	СТ	06033	WEB		u	
Description domain name registration and renewal					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			450.00
x <sub>No</sub>					1		\$50.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Complete Payroll Solutions	Γ		T	02/17/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	ACH		
1 Carando Dr	Springfield	MA	01104	BNK	Debit Car	·d	
Description payroll processing fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought	!		
X No							\$2.02

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee  Complete Payroll Solutions  Street Address	City	State	Zip Code	Date of Payment 02/17/2010 Purpose of Expenditure	Method of Pays  X Check #	ment	Amount
1 Carando Payroll Systems	Springfield	MA	06127-0110	WAGE	Debit Car	·d	
Description payroll tax deposit					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$3,426.85
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Ashley Maagero	<u> </u>	Ι		02/18/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	ACH Debit Car	vd.	
11 Pleasant Vw Dri  Description	Suffield	СТ	06078	WAGE	Event #	u	
payroll					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	ame		Office Sought			±5 224 02
X No							\$5,231.03
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Maelstrom Solutions		ı —		02/18/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	dm D p v c		
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	Debit Car	a	
Description yourpatriot.com contribution processing fe	ees				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			\$63.80
X No							φυ.ου

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  David Dietz				Date of Payment 02/18/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1009		
3 Marlborough St # 2	Boston	MA	02116	REF	Debit Car	d .	
Description refund contributor issue with address on c	heck				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	lame		Office Sought			\$1,000.00
X No				<u> </u>	<u> </u>		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
MetroHartford Alliance				02/18/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1007</u>		
31 Pratt St	Hartford	СТ	06103	A-OTH	Debit Car	rd	
Description			•		Event #		
New Hartford Investor Dues, Membership	Listing						
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$435.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Maelstrom Solutions			_	02/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	Debit Car	<sup>r</sup> d	
Description yourpatriot.com contribution processing fe	ees				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	lame		Office Sought	•		
X No							\$13.20

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  Maelstrom Solutions				Date of Payment 02/19/2010	Method of Payı  X Check #	nent	Amount
Street Address 200 S Executive Dr Ste 101	City Brookfield	State WI	Zip Code 53005	Purpose of Expenditure	dm Debit Car	d	
Description yourpatriot.com contribution processing for	ees		•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	or Other Candidate(s) N	lame		Office Sought			\$187.10
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Maelstrom Solutions	T		1	02/26/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	Debit Car	d	
Description yourpatriot.com contribution processing for	ees				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	or Other Candidate(s) N	lame		Office Sought			\$3.20
X No				<u> </u>	1		
Name of Payee				Date of Payment	Method of Payr	nent	Amount
Spectrum Marketing			_	02/26/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1019</u>		
95 Eddy Rd Ste 101	Manchester	NH	03102	WEB	Debit Car	d	
Description website and logo design, annual hosting f	ee, email design set up and hosting fee				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	or Other Candidate(s) N	Jame		Office Sought	•		\$2,991.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  Verizon Wireless				Date of Payment 02/26/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1010		
PO Box 15062	Albany	NY	12212-5062	OVHD	Debit Car	ď	
Description telephone expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$403.72
X No							
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Network and Software Solutions				02/26/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1012</u>		
48 Perry Ave	White Plains	NY	10603	EFV *	Debit Car	d	
Description Install server, windows 2003 patches, set	up users, access, wireless router, secu	re fire	wall		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$550.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Network and Software Solutions			1	02/26/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1012</u>		
48 Perry Ave	White Plains	NY	10603	OVHD	Debit Car	rd	
Description  Hosted exchange - April, mailbox set up					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	!		
X No							\$225.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Angi Purinton Street Address 4039 48th St Apt B1	City Sunnyside	State	Zip Code 11104	Date of Payment 02/26/2010 Purpose of Expenditure Misc *	Method of Payr  X Check #  1013  Debit Car		Amount
Description photo shoot	Julliyside		11101	THISC	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	ame		Office Sought			\$95.00
Name of Payee Ashley Maagero				Date of Payment 02/26/2010	Method of Pays	nent	Amount
Street Address 11 Pleasant Vw Dri	City Suffield	State CT	Zip Code 06078	Purpose of Expenditure	1014 Debit Car	d	
Description reimbursement for your patriot fees payme	ent		•	•	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	Other Candidate(s) N	ame		Office Sought			\$150.00
Name of Payee Hartford Stamp Works				Date of Payment 02/26/2010	Method of Pays	nent	Amount
Street Address PO Box 91	City Hartford	State CT	Zip Code 06141	Purpose of Expenditure OFFICE	1011 Debit Car	d	
Description deposit date stamp for checks received					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	Other Candidate(s) N	ame		Office Sought			\$51.94

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  Network and Software Solutions				Date of Payment 02/26/2010	Method of Paya	nent	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1012		
48 Perry Ave	White Plains	NY	10603	EFV *	Debit Car	d	
Description server, wireless firewall switch, CAT5 cable	2				Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?  Yes  No							\$445.00
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Maelstrom Solutions				03/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	Debit Car	d	
Description yourpatriot.com contribution processing fe	es		•	•	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	ame		Office Sought			\$33.50
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Udolf Investmensts, LLc				03/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1016		
2475 Albany Ave Ste 205	West Hartford	СТ	06117	OVHD	Debit Car	d	
Description Event # monthly rent for headquarters							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	ame		Office Sought			\$2,100.00
X No							Ţ=,3 <b>0</b>

NAME OF COMMITTEE  Oz For Governor, Inc.  N. Expenses Paid By Committee  N. Expenses Paid By Committee  N. Expenses Paid By Committee  Name of Physe Achievy Maagero  City Suffield CIT Occor Boxer, Address Signified CIT Occor Boxer, Address Signified CIT Occor Boxer, Address Signified CIT Occor Boxer, Address Signified CIT Occor Boxer, Address Signified CIT Occor Boxer, Address Signified CIT Occor Boxer, Address Signified CIT Occor Boxer, Address Signified CIT Occor Boxer, Address Signified CIT Occor Boxer, Address Signified CIT Occor Boxer, Address Signified CIT Occor Signified CIT Occor Boxer, Address Signified CIT Signifie								
New of Payore   Date of Payment   Method of Payment   Annuary		IV. EXPENDITURE	S					
N. Expenses Paid By Committee    Same of Physee	NAME OF COMMITTEE						FILI	NG DUE DATE
Name of Payse Ashley Managero  City State Ashley Managero  City State Ashley Managero  City State Ashley Managero  City State Ashley Managero  City State Ashley Managero  City State Ashley Managero  City State Ashley Managero  City State Ashley Managero  City State Ashley Managero  City State Cit	Oz For Governor, Inc.						Origi	nal 04/12/2010
Ashley Maagero  Street Address  City Suffield  CT  O6078  RCW  Purpose of Expenditure Description expenses retirmbursements - laptop, cell phones, lunches for volunteers, gas  Is this expenditure coordinated with another candidate for which is retirmbursement is sought?  Yes  Street Address  City State  C		N. Expenses Paid By Commi	ttee					
Steel Address	-					l ·	ment	Amount
Description expense reimbursements - laptop, cell phones, lunches for volunteers, gas    Event #	Street Address			_	Purpose of Expenditure	1017	.d	
Expense reimbursements - laptop, cell phones, lunches for volunteers, gas  Is this expenditure coordinated with another candidate for other Candidate(s) Name of Payment is sought?  Yes  No  No  Date of Payment  O3/02/2010  TRTC  City State  City State  Trumbull  CT  Street Address  City Trumbull  CT  Other Candidate(s) Name  Office Sought  Destription  Lincoln dinner 02/29/10  Is this expenditure coordinated with another candidate for whigh it reinhausment is sought?  Yes  Date of Payment  Office Sought  Method of Payment  Destription  Lincoln dinner 02/29/10  State  State  Other Candidate(s) Name  Office Sought  Method of Payment  Office Sought  Method of Payment  Amount  As Office Systems  State Address  City State  Zip Code  Purpose of Expenditure  Office Sought  Method of Payment  O3/05/2010  Scheck #  Anount  As Office Systems  Storet Address  City State  City Stat		Suffield	СТ	06078	RCW	<del>                                     </del>	ď	
which reimbursement is sought?  Ves  Ves  Ves  Ves  Ves  Date of Payment  O3/02/2010  Check #  1018  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  CT  Other Candidate(s) Name  Amount  As Office Soystems  Street Address  City  State  C		ones, lunches for volunteers, gas				Event #		
Name of Payee  TRTC  Street Address  City State Street Address Other Candidate(s) Name  Office Sought State Street Address Street Address Street Address Other Candidate(s) Name Office Sought State Street Address Other Candidate(s) Name Office Sought Street Address Other Candidate(s) Name Office Sought Street Address Other Candidate(s) Name Office Sought State Street Address Office Sought Street Address Office Sought Street Address Office Sought Street Address Office Sought Street Address Office Sought Street Address Office Sought Street Address Office Sought Street Address Office Sought State Street Address Office Sought State Street Address Office Sought State Street Address Office Sought State Street Address Office Sought State Street Address Office Sought State State Street Address Office Sought State Street Address Office Sought State Street Address Office Sought State Street Address Office Sought State Street Address Office Sought State Street Address Street Address Office Sought State Street Address Street Address Office Sought State Street Address Street Address Office Sought State Street Address Street Address Office Sought State Street Address Street Addr	which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$2,047.41
TRTC  Street Address  City Trumbull  Description  Lincoln dinner 02/29/10  State CT Very State CT Very State CT Very State CT Very State CT Very State CT Very State Address  Street Address  City Name of Payee  ARA Office Systems  Street Address  City State CT Very State Zip Code  Purpose of Expenditure  Office Sought  Method of Payment  Amount  Amount  Amount  Amount  Amount  Amount  Street Address  City State Zip Code Purpose of Expenditure  Office Sought  Wethod of Payment  Amount  Amount  Amount  Amount  Amount  Street Address  City State CT 06457  OVHD  Debit Card  Description  monthly copier rental fee  Is this expenditure coordinated with another candidate for which remains a conditate for which remains a condi					Date of Payment	Method of Pav	ment	Amount
Street Address   City   State   Zip Code   Purpose of Expenditure   Debit Card   Description   Lincoln dinner 02/29/10   Event #    Is this expenditure coordinated with another candidate for which reimbursement is sought?   Yes   Date of Payment   Method of Payment   Amount    Amount   Amount   Amount   Amount   Amount   Amount   Amount   Amount   Description   Description   Event #    Street Address   City   State   Zip Code   Purpose of Expenditure   Does of Expenditure   Does of Expenditure   Debit Card   Debit Card   Description   Description   Description   Event #   Debit Card   Description   Event #   Description   Description   Event #   State   Size						l `		
14 Valley Rd						1—		
Description Lincoln dinner 02/29/10  Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes    No				Zip Code		l—	rd.	
Lincoln dinner 02/29/10  Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes    Yes   X   No		Trumbull	СТ		ATT **	<del> </del>	<u> </u>	
which reimbursement is sought?  Yes  No  Date of Payment  Method of Payment  Amount  Aska Office Systems  Street Address  City  Middletown  CT  O6457  OVHD  Debit Card  Event #  Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  \$159.00						Event#		
Street Address   City   State   Zip Code   Purpose of Expenditure   Debit Card	which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
A&A Office Systems  City State Zip Code Purpose of Expenditure 909 Middle St  Description monthly copier rental fee  Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  Yes  Yes  City State Zip Code Purpose of Expenditure 1021 OVHD  Event #  Office Sought  \$159.00								\$350.00
Street Address  Street Address  909 Middle St  Middletown  CT  O6457  OVHD  Debit Card  Event #  Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  Yes  Yes	Name of Payee				Date of Payment	Method of Pay	ment	Amount
909 Middle St Middletown CT 06457 OVHD Debit Card  Description monthly copier rental fee  Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  Yes  Yes	A&A Office Systems				03/05/2010	X Check #		
Description monthly copier rental fee  Is this expenditure coordinated with another candidate for Other Candidate(s) Name Which reimbursement is sought? Yes  \$159.00	Street Address	City	State	Zip Code	Purpose of Expenditure	I—		
monthly copier rental fee  Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought  which reimbursement is sought?  Yes  \$159.00	909 Middle St	Middletown	СТ	06457	OVHD	Debit Car	ď	
which reimbursement is sought? Yes  \$159.00						Event #		
	which reimbursement is sought? Yes	r Other Candidate(s) N	Jame		Office Sought			\$159.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Sinatro Agency One, LLC			_	Date of Payment 03/05/2010	Method of Pays	ment	Amount
Street Address 62 Lasalle Raod	City West Hartford	State CT	Zip Code	Purpose of Expenditure OVHD	1024	rd	
Description worker's compensation & liaiblity insurance		Ci	00107	JONES TO SERVICE SERVI	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Jame		Office Sought			\$1,849.00
Name of Payee SIGNSpluss Inc.				Date of Payment 03/05/2010	Method of Pay	ment	Amount
	City	Ct-t-	Zin Codo	Purpose of Expenditure	X Check #		
Street Address  3K Turkey Hills Rd	East Granby	State	Zip Code 06026	A-SIGN	Debit Car	·d	
Description					Event #		
signs							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$159.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Christopher Griebel	Г			03/05/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1022</u>		
7 Caryn Ln	Weatogue	СТ	06089	RCW	Debit Car	rd	
Description mileage reimbursement					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$736.75

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  Network and Software Solutions				Date of Payment 03/05/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1023</u>		
48 Perry Ave	White Plains	NY	10603	OVHD	Debit Car	<sup>r</sup> d	
Description computer setup					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  X  No	r Other Candidate(s) N	iame		Office Sought			\$200.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Capital Bankcard Group	1		T	03/05/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
58C Alna Ln	East Hartford	СТ	06107	BNK	Debit Car	d .	
Description credit card processing fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$9.10
Name of Payee				Date of Payment	Method of Pay	ment	Amount
American Express	T	ı	Τ	03/05/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
PO Box 53852	Pheonix	AZ	85072-3852	BNK	Debit Car	rd	
Description  Credit card processing fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			
x No							\$7.95

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  Complete Payroll Solutions				Date of Payment 03/05/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>DN</u>		
1 Carando Dr	Springfield	MA	01104	WAGE	Debit Car	<sup>r</sup> d	
Description payroll tax deposit					Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes							\$283.65
X No				T	1		·
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Maelstrom Solutions				03/05/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	Debit Car	rd	
Description			•		Event #		
yourpatriot.com contribution processing fe	ees						
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$228.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Maelstrom Solutions	_			03/05/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	Debit Car	d	
Description yourpatriot.com contribution processing fe	ees				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$31.40

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee				-	
Name of Payee  Commissioner of Revenue Services				Date of Payment 03/10/2010	Method of Payr	ment	Amount
Street Address PO Box 2931	City Hartford	State CT	Zip Code	Purpose of Expenditure	1025  Debit Car	ď	
Description CT withholding for staff member		'	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	or Other Candidate(s) N	lame		Office Sought			\$392.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Marriott Hartford Downtown				03/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1026</u>		
200 Columbus	Hartford	СТ	06103	FNDR	Debit Car	d	
Description deposit for 03/25/10 fundraiser					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	Name		Office Sought			\$850.00
X No					1		·
Name of Payee				Date of Payment	Method of Payi	ment	Amount
Super Cellar Warehouse	T	1	T	03/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1027</u>		
332 W Main St	Avon	СТ	06001	FNDR	Debit Car	d	
Description beverages for fundraiser					Event # 02282010A		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	or Other Candidate(s) N	Name		Office Sought	•		\$76.75
1 L_1 1NO							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Comm	ittee				•	
Name of Payee Rosa Mexicano	I <sub>a</sub>	L		Date of Payment 03/11/2010	Method of Payr  X Check #  1028	ment	Amount
Street Address 61 Columbus Avenue At 62nd St	City New York	State	Zip Code 10023	Purpose of Expenditure FNDR	Debit Car	·d	
Description Fundraiser	New TOTK	<u> </u>	10025	, were	Event # 03112010B	3	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	or Other Candidate(s) N	Name		Office Sought			\$2,123.06
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Maelstrom Solutions 03/12/2010					X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	Debit Car	d	
Description yourpatriot.com contribution processing for	ees				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Name		Office Sought			
Yes X No							\$515.30
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Maelstrom Solutions			_	03/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	Debit Car	d	
Description yourpatriot.com contribution processing fe	ees				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	Name		Office Sought			
x No							\$11.40

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee  Maelstrom Solutions				Date of Payment 03/15/2010	Method of Payr	ment	Amount
Street Address 200 S Executive Dr Ste 101	City Brookfield	State WI	Zip Code 53005	Purpose of Expenditure BNK	dm  Debit Car	ď	
Description yourpatriot.com contribution processing fe	ees	-	•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes  No	r Other Candidate(s) N	ame		Office Sought			\$226.40
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Datamail		Ι		03/15/2010	X Check #		
Street Address	City	State	Zip Code 06111-2054	Purpose of Expenditure A-DM	1031 Debit Car	rd	
597 N Mountain Rd  Description	Newington	СТ	06111-2034	A-DM	Event #		
mailer to delegates					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$2,500.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Complete Payroll Solutions		ı —		03/17/2010	X Check #		
Street Address	City	State MA	Zip Code 01104	Purpose of Expenditure WAGE	ACH Debit Car	rd	
1 Carando Dr Description	Springfield	MA	01104	WAGE	Event #		
payroll tax deposit					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$3,219.48

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payr	nent	Amount
Complete Payroll Solutions				03/17/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
1 Carando Dr	Springfield	MA	01104	BNK	Debit Car	d	
Description					Event #		
payroll processing fees							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes  X No							\$2.02
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Ashley Maagero		1		03/18/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
11 Pleasant Vw Dri	Suffield	СТ	06078	WAGE	Debit Car	d	
Description					Event #		
payroll							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought	<u> </u>		
Yes X No							\$5,231.04
Name of Payee				Date of Payment	Method of Payr	nent	Amount
Filomeno & Company, P.C.				03/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1034</u>		
80 S Main	West Hartford	СТ	06107	OVHD	Debit Car	d	
Description					Event #		
campaign accounting for Feb 2010							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$1,625.00

	IV. EXPENDITURE	S				_	
NAME OF COMMITTEE						FILE	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Capital Bankcard Group			ı	03/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1038	1	
58C Alna Ln	East Hartford	СТ	06107	EFV *	Debit Car	d	
Description  Credit card machine - purchase					Event #		
Credit card machine - purchase							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$265.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Maelstrom Solutions				03/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	Debit Car	d	
Description		-	•		Event #		
yourpatriot.com contribution processing fe	es						
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$74.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Maelstrom Solutions				03/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	Debit Car	d	
Description Event # yourpatriot.com contribution processing fees							
Is this expenditure coordinated with another candidate fo	T Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought?  Yes	z iii. Ciinalaite(s) i			ovugit			\$24.60
X No							Ψ27.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Kathleen F. Rohrs				Date of Payment 03/19/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1035</u>		
3 Caryn Ln	Weatogue	СТ	06089	RCW	Debit Car	rd	
Description Reimbursement for letterhead from Staple	es		•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	Jame		Office Sought			
X No							\$782.26
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Christopher Griebel	1		T	03/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1036</u>		
7 Caryn Ln	Weatogue	СТ	06089	RCW	Debit Car	rd	
Description reimburse mileage, video camera purchas	e				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			\$544.00
X No				<u> </u>	1		451.100
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Comcast				03/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1037 Debit Car	.d	
PO Box 1577	Newark	NJ	07101-1577	OVHD		a	
Description 2.5 months internet, tv service					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$636.57
No No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Thomas J. Groark Jr				Date of Payment 03/22/2010	Method of Payr	ment	Amount
Street Address 35 Saddle Ridge Dr	City  Bloomfield	State CT	Zip Code 06002	Purpose of Expenditure	1040 Debit Car	ď	
Description  Refund of non-qualifying contribution	<u> </u>	1	1	<u> </u>	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$1,000.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Allison Marre				03/26/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1041</u>		
439 Farmington Ave Apt 302	Hartford	СТ	06101	WAGE	Debit Car	d	
Description relocation reimbursement					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$250.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Maelstrom Solutions				03/27/2010	X Check #		- Anoun
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>dm</u>		
200 S Executive Dr Ste 101	Brookfield	WI	53005	BNK	Debit Car	d	
Description yourpatriot.com contribution processing fe	ees				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$118.70

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Bingham McCutchen LLP				Date of Payment 03/27/2010	Method of Paya	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1043</u>		
1 State St	Hartford	СТ	06103-3178	RCW	Debit Car	<sup>-</sup> d	
Description YWCA luncheon					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	or Other Candidate(s) N	Jame		Office Sought			\$300.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Maelstrom Solutions				03/29/2010	l		
	Cit.	g	7: 0.1		X Check #		
Street Address  200 S Executive Dr Ste 101	City  Brookfield	State WI	Zip Code 53005	Purpose of Expenditure BNK	Debit Car	·d	
Description Description	Biookileid	1	33003	DIVIC	Event #		
yourpatriot.com contribution processing fe	ees				Dvent "		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	Jame		Office Sought			
x <sub>No</sub>							\$373.50
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Connecticare	Τ	1	I	03/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1044		
175 Scott Swamp Rd	Farmington	СТ	06032	WAGE	Debit Car	d	
Description  April health insurance costs					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	or Other Candidate(s) N	lame		Office Sought			\$1,010.55
No No							i e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Oz For Governor, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee				•	
Name of Payee Webster Bank				Date of Payment 03/31/2010	Method of Paye	ment	Amount
Street Address 65 Lasalle Rd	City West Hartford	State CT	Zip Code 06127	Purpose of Expenditure BNK	dm Debit Car	rd	
Description returned check fee		-	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Name		Office Sought			\$10.00
Name of Payee Webster Bank				Date of Payment 03/31/2010	Method of Pay	ment	Amount
Street Address 65 Lasalle Rd	City West Hartford	State	Zip Code 06127	Purpose of Expenditure	dm  Debit Car	rd	
Description contributor check returned unpaid	west natuoid	<u> </u>	00127	, c	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Name		Office Sought			\$200.00
Name of Payee Turrisi Andrea				Date of Payment 03/31/2010	Method of Pay	ment	Amount
Street Address 33 Hartford Rd	City Newington	State CT	Zip Code 06111	Purpose of Expenditure	1045 Debit Car	rd	
Description refund for non-qualifying contributor			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought	•		\$250.00
X No							

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Oz For Governor, Inc. Origin							nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Maelstrom Solutions				Date of Payment 03/31/2010	Method of Pays	ment	Amount
Street Address 200 S Executive Dr Ste 101	-	State WI	Zip Code 53005	Purpose of Expenditure	dm Debit Car	rd	
Description yourpatriot.com contribution processing fe	es				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	ame		Office Sought			\$928.25
					Total of Sec	ction N	\$58,325.61

	IV.	. EXPENDITURES						
NAME OF COMMITTE	EE .						FILING	DUE DATE
Oz For Governor, Inc.							Origina	1 04/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee US Post Office				Date of Payme 01/26/201		Is Reimbu Claimed?		Amount
Street Address LaSalle Road		City West Hartford	State CT	Zip Code 06089-999	98	X Yo		
Purpose of Expenditure POST	Description  Post office box rental				Event #	ŧ		\$38.00
Name of Payee Best Buy				Date of Payme		Is Reimbu Claimed?		Amount
Street Address 44 Albany Tpke		City West Simsbury	State CT	Zip Code 06092		X Yo		
Purpose of Expenditure  EFV *	Description 2 GPS units and warranty				Event #	ŧ		\$635.97
Name of Payee Campaign Secrets				Date of Payme 01/28/201		Is Reimbu Claimed?	rsement	Amount
Street Address 1765 Ridgemill Terrance		City Dacula	State GA	Zip Code 30019		X Yo		
Purpose of Expenditure  Misc *	Description publication				Event #	ŧ		\$24.95
Name of Payee Staples				Date of Payme 02/07/201		Is Reimbu Claimed?		Amount
Street Address 15 Albany Tpke		City Simsbury	State CT	Zip Code 06092		No.		
Purpose of Expenditure OFFICE	Description posterboard				Event #	ŧ		\$13.02

	IV.	. EXPENDITURES						
NAME OF COMMITTE	EE .						FILING	DUE DATE
Oz For Governor, Inc.							Origina	1 04/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee Best Buy				Date of Paymo		Is Reimbu Claimed?		Amount
Street Address 44 Albany Tpke		City Simsbury	State CT	Zip Code 06092		X Y	res o	
Purpose of Expenditure  EFV *	Description 32" LCD TV -purchase				Event #			\$402.79
Name of Payee The Home Depot				Date of Paymo		Is Reimbu Claimed?		Amount
Street Address 503 New Park Ave		City West Hartford	State CT	Zip Code 06110		X Y	res o	
Purpose of Expenditure  EFV *	Description purchase and delivery of 6 office	ce tables, 100 foot cable			Event #			\$386.64
Name of Payee Radio Shack				Date of Paymo		Is Reimbu Claimed?		Amount
Street Address 39 S Main St		City West Hartford	State CT	Zip Code 06107-24	89	X Y	o es	
Purpose of Expenditure  EFV *	Description GP Conn Module				Event #			\$3.81
Name of Payee Best Buy				Date of Paymo		Is Reimbu Claimed?		Amount
Street Address 44 Albany Tpke		City West Simsbury	State CT	Zip Code 06092		No		
Purpose of Expenditure  EFV *	Description 2 laptops and an external hard	drive			Event #			\$1,367.37

	IV.	EXPENDITURES						
NAME OF COMMITTE	DE .						FILING	DUE DATE
Oz For Governor, Inc.							Original	1 04/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee Staples				Date of Payme 02/23/201		Is Reimbur Claimed?	rsement	Amount
Street Address 15 Albany Tpke		City Simsbury	State CT	Zip Code 06092		X Ye		
Purpose of Expenditure A-OTH	Description Business Cards design and prin	ting of 1,000			Event #	ŧ		\$87.97
Name of Payee Best Buy				Date of Payme 02/25/201		Is Reimbu Claimed?		Amount
Street Address 44A Albany Tpke		City West Simsbury	State CT	Zip Code 06092		X Ye		
Purpose of Expenditure  EFV *	Description purchase of projector				Event #	ŧ		\$476.99
Name of Payee Wintonbury Hills Golf				Date of Payme 02/26/201		Is Reimbur Claimed?	rsement	Amount
Street Address 206 Terry Plains Rd		City Bloomfield	State CT	Zip Code 06002		X Ye		
Purpose of Expenditure FOOD	Description beverages - Lincoln dinner Bloc	omfield			Event #	ŧ		\$6.00
Name of Payee Dunkin Donuts				Date of Payme 02/27/201		Is Reimbur Claimed?		Amount
Street Address 1234 Farmington Ave		City West Hartford	State CT	Zip Code 06107		X Ye		
Purpose of Expenditure FOOD	Description senior advisor committee meet	ing			Event #	ŧ		\$65.69

	IV.	EXPENDITURES						
NAME OF COMMITTE	E						FILING	DUE DATE
Oz For Governor, Inc.							Original	1 04/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee Westport Republican Tow	'n			Date of Paymo		Is Reimbu Claimed?		Amount
Street Address PO Box 601		City Westport	State CT	Zip Code 06880		No.		
Purpose of Expenditure ATT *	Description Wesport Republican Town Com	mittee Meeting		•	Event #	ŧ		\$400.00
Name of Payee Stratford Republican Tow	'n			Date of Paymo		Is Reimbu Claimed?		Amount
Street Address 1034 E Main St	State 124 code							
Purpose of Expenditure  ATT *						\$300.00		
Name of Payee Glastonbury Republican 1	Го			Date of Paymo		Is Reimbu Claimed?	rsement	Amount
Street Address 2333 Main St		City Glastonbury	State CT	Zip Code 06033		X Y		
Purpose of Expenditure  ATT *	Description Glastonbury Republican Town C	Committee meeting			Event #	ŧ		\$100.00
Name of Payee Bristol Republican Town (	c			Date of Paymo		Is Reimbu Claimed?		Amount
Street Address 129 Church St		City Bristol	State CT	Zip Code 06010		No		
Purpose of Expenditure ATT *	Description  Republican town committee me	eeting			Event #	±		\$250.00

	IV.	. EXPENDITURES						
NAME OF COMMITTE	EE.						FILING	DUE DATE
Oz For Governor, Inc.							Origina	1 04/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee Walmart				Date of Payme 03/07/201		Is Reimbur Claimed?	rsement	Amount
Street Address 225 W Main St		City Avon	State	Zip Code 06001	0	X Ye		
Purpose of Expenditure OFFICE	Description coffee supplies, pens, hammer,	, tacks	<u>  C'</u>		Event #			\$124.47
Name of Payee Postmaster				Date of Payme 03/08/201		Is Reimbu Claimed?		Amount
Street Address 932 Hopmeadow St		City Simsbury	State CT	Zip Code 06070-999	98	X Ye		
Purpose of Expenditure POST	Description solicitation mailings			•	Event #			\$10.29
Name of Payee Staples				Date of Payme 03/09/201		Is Reimbu Claimed?	rsement	Amount
Street Address 15 Albany Tpke		City West Simsbury	State CT	Zip Code 06092		X Ye		
Purpose of Expenditure  Misc *	Description whiteboards, markers, folders,	calendars			Event #	·		\$270.55
Name of Payee Wintonbury Hills Golf Clu				Date of Payme 03/11/201		Is Reimbur Claimed?		Amount
Street Address 206 Terry Plains Rd		City Bloomfield	State CT	Zip Code		No		
Purpose of Expenditure FOOD	Description beverages - Lincoln dinner Bloc	omfield			Event #	:		\$6.00

	IV. EXPENDITURES								
NAME OF COMMITTE	DE .					FILING	DUE DATE		
Oz For Governor, Inc.						Origina	1 04/12/2010		
	O. Cam	paign Expenses Paid By Candidate							
Name of Payee R Nelson Griebel				Date of Payment 03/12/2010	Is Reimb		Amount		
Street Address 7 Caryn Ln		City Weatogue	State CT	Zip Code 06089-9784		es o			
Purpose of Expenditure TRVL	Description travel, mileage, cabs and airfar	re		Ev	vent#		\$1,848.20		
Name of Payee Verizon Wireless				Date of Payment 03/17/2010	Is Reimb Claimed	,	Amount		
Street Address PO Box 4003		City Acworth	State GA	Zip Code 30101		es o			
Purpose of Expenditure  OVHD	Description telephone expense			Ev	vent#		\$37.78		
Name of Payee Windsor Republican Towr	n C			Date of Payment 03/19/2010	Is Reimb		Amount		
Street Address 50 Church St		City Windsor Locks	State CT	Zip Code		o es			
Purpose of Expenditure  ATT *	Description Windsor Locks Republican Town	n Committee		Ev	vent#		\$120.00		
Name of Payee  Dunkin Donuts				Date of Payment 03/20/2010	Is Reimb Claimed	,	Amount		
Street Address 1234 Farmington Ave		City West Hartford	State CT	Zip Code 06107		o o			
Purpose of Expenditure FOOD	Description Senior advisor committee meet	ting		Ev	vent#		\$45.99		

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE						FILING	DUE DATE
Oz For Governor, Inc.							Original	1 04/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee Staples				Date of Payme 03/25/201		Is Reimbu Claimed?	rsement	Amount
Street Address 2550 Albany Ave		City West Hartford	State CT	Zip Code 06117		X Ye		
Purpose of Expenditure OFFICE	Description Supplies				Event #			\$25.72
Name of Payee www.101phones.com				Date of Payme 03/30/201		Is Reimbu Claimed?		Amount
Street Address 34 34th St Fl 3		City Brooklyn	State NY	Zip Code 11232		No		
Purpose of Expenditure  EFV *	Description purchase of 5 phones for office				Event #			\$398.60
Name of Payee R Nelson Griebel				Date of Payme 03/31/201		Is Reimbur Claimed?	rsement	Amount
Street Address 7 Caryn Ln		City Weatogue	State CT	Zip Code		X Ye		
Purpose of Expenditure TRVL	Description mileage, parking, tolls 03/01-0	3/31/10			Event #	!		\$456.44
Name of Payee Enfield Republican Town	С			Date of Payme 03/31/201		Is Reimbur Claimed?		Amount
Street Address 820 Enfield St		City Enfield	State CT	Zip Code 06082		No		
Purpose of Expenditure  ATT *	Description Enfield Republican Town Comm	littee meeting			Event #	:		\$100.00

	IV.	EXPENDITURES						
NAME OF COMMITTE	E						FILING	DUE DATE
Oz For Governor, Inc.							Origina	1 04/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee Republican State Central				Date of Payme 03/31/201		Is Reimbur Claimed?	rsement	Amount
Street Address 321 Ellis St Ste 501  City New Britain  City New Britain  City New Britain  City New Britain				Yes No				
Purpose of Expenditure ATT *	Description  Monthly Meeting Fee				Event #		\$35.00	
				Date of Payme 03/31/201	/2010 Cla		rsement	Amount
Street Address 235 Grand St		City Waterbury	State CT	Zip Code 06702		X Ye		
Purpose of Expenditure  ATT *	Description Waterbury Republican Town Co	ommittee Meeting			Event #			\$50.00
Name of Payee R Nelson Griebel				Date of Payme 03/31/201		Is Reimbur Claimed?		Amount
Street Address 7 Caryn Ln		City Weatogue	State CT	Zip Code 06089-97	84	X Ye		
Purpose of Expenditure TRVL	Description parking and tolls				Event #			\$127.20
						Total of	Section O	\$8,215.44

		IV. EXPENDITURES								
NAME OF COMMITTEE						FI	LING DUE DATE			
Oz For Governor, Inc.							riginal 04/12/2010			
P. Expenses Incurred on Committee Credit Card										
Name of Issuing Institution			Type of Credit Ca	ard:						
			Visa	Master Card	Discover	Amer	rican			
			Other							
Name of Vendor					Date of Transaction		Amount			
Street Address		City	State	Zip Code						
Purpose of Expenditure Des	escription		<b>,</b>		Event #					
					Total of Section	ı P				

	IV. EXPI	ENDITURES				
NAME OF CO	MMITTEE				FILING DU	E DATE
Oz For Gover	rnor, Inc.				Original 04	/12/2010
	Q. Expenses Incurred By Com	nmittee but Not Paid Duri	ng this Period			
Name of Creditor SIGNSplus Inc			Date Incurred 01/28/2010	Event #		Amount Incurred
Street Address  3K Turkey Hills	s Rd	City East Granby	•	State CT	Zip Code 06026	(Estimate or Actual)
Purpose of Expenditure A-SIGN	Description signs					
Is this expenditure which reimbursement Yes No	coordinated with another candidate for Other Candidate for other Candidate for Other C	ate(s) Name	Office Sought			\$144.16
Name of Creditor Spectrum Mark	xeting		Date Incurred 03/11/2010	Event #		Amount Incurred (Estimate or
Street Address 95 Eddy Rd St	e 101	City Manchester	•	State NH	Zip Code 03102	Actual)
Purpose of Expenditure WEB	Description  website services					
Is this expenditure which reimbursement Yes No	coordinated with another candidate for Other Candidate for other Candidate for Other C	ate(s) Name	Office Sought			\$1,375.00

	IV. EXP	ENDITURES				
NAME OF CO	MMITTEE				FILING DU	E DATE
Oz For Gove	rnor, Inc.				Original 04	/12/2010
	Q. Expenses Incurred By Con	nmittee but Not Paid Duri	ng this Period		•	
Name of Creditor Network and S	oftware Solutions		Date Incurred 03/11/2010	Event #		Amount Incurred (Estimate or
Street Address 48 Perry Ave		City White Plains		State NY	Zip Code 10603	Actual)
Purpose of Expenditure OVHD	Description general computer issues			•		
Is this expenditure which reimbursemed Yes X No	coordinated with another candidate for Other Candient is sought?	date(s) Name	Office Sought			\$150.00
Name of Creditor East Meridian	Strategies		Date Incurred 03/23/2010	Event #		Amount Incurred (Estimate or
Street Address 219 E Taylor R	un Pkwy	City Alexandria	•	State VA	Zip Code 22314	Actual)
Purpose of Expenditure OVHD	Description automated voice message system					
Is this expenditure which reimbursemed Yes No		date(s) Name	Office Sought			\$400.00

	IV. EXP	ENDITURES				
NAME OF CO	MMITTEE				FILING DU	E DATE
Oz For Gover	rnor, Inc.				Original 04	/12/2010
	Q. Expenses Incurred By Con	nmittee but Not Paid Duri	ng this Period		•	
Name of Creditor  Network and S	oftware Solutions		Date Incurred 03/24/2010	Event #		Amount Incurred (Estimate or
Street Address 48 Perry Ave		City White Plains		State NY	Zip Code 10603	Actual)
Purpose of Expenditure OVHD	Description general computer service					
Is this expenditure which reimbursemed Yes X No		date(s) Name	Office Sought			\$50.00
Name of Creditor  Network and S	oftware Solutions		Date Incurred 03/24/2010	Event #		Amount Incurred (Estimate or
Street Address 48 Perry Ave		City White Plains	,	State NY	Zip Code 10603	Actual)
Purpose of Expenditure OVHD	Description  Exchange hosting - 7 mailboxes					
Is this expenditure which reimbursement Yes X No		date(s) Name	Office Sought			\$175.00

	IV. EXPR	ENDITURES				
NAME OF CO					FILING DU	E DATE
Oz For Gover					Original 04	
	Q. Expenses Incurred By Com	mittee but Not Paid Duri	ng this Period			
Name of Creditor Boston College	e Club		Date Incurred 03/24/2010	Event #		Amount Incurred
Street Address 100 Federal St	: Fl 36	City Boston		State MA	Zip Code 02110-1802	(Estimate or Actual)
Purpose of Expenditure FNDR	Description Fundraiser expense					
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candida ent is sought?	te(s) Name	Office Sought			\$1,656.06
Name of Creditor MITA Group, I	nc		Date Incurred 03/26/2010	Event #		Amount Incurred (Estimate or
Street Address 8320 Old Cour	thouse Rd Ste 200	City Vienna		State VA	Zip Code 22182	Actual)
Purpose of Expenditure CNSLT	Description  Consulting services & out of pocket expense - Marc	ch				
Is this expenditure which reimbursement Yes X No	coordinated with another candidate for Other Candida ent is sought?	te(s) Name	Office Sought			\$5,553.94

	IV. EXPE	ENDITURES				
NAME OF CO	MMITTEE				FILING DU	JE DATE
Oz For Gover	nor, Inc.				Original 04	/12/2010
	Q. Expenses Incurred By Com	mittee but Not Paid Duri	ng this Period			
Name of Creditor Filomeno & Co	mpany, P.C.		Date Incurred 03/27/2010	Event #		Amount Incurred
Street Address 80 S Main		City West Hartford	'	State CT	Zip Code 06107	(Estimate or Actual)
Purpose of Expenditure OVHD	Description accounting services March 2010					
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candida ent is sought?	ite(s) Name	Office Sought			\$1,625.00
Name of Creditor  Marriott Hartfo	ord Downtown		Date Incurred 03/29/2010	Event #		Amount Incurred (Estimate or
Street Address 200 Columbus		City Hartford	•	State CT	Zip Code 06103	Actual)
Purpose of Expenditure FNDR	Description  fundraiser					
Is this expenditure which reimbursemed Yes X No	coordinated with another candidate for Other Candida ent is sought?	ate(s) Name	Office Sought			\$1,458.68

IV. EXPENDITURES								
NAME OF CO	MMITTEE				FILING DU	E DATE		
Oz For Gover	rnor, Inc.				Original 04	/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor  Datamail					Amount Incurred (Estimate or			
Street Address 597 N Mountai	n Rd	City Newington		State CT	Zip Code 06111-2054	Actual)		
Purpose of Expenditure POST	Description postage delegate mailing							
Is this expenditure which reimbursement Yes No	coordinated with another candidate for Other Candida ent is sought?	te(s) Name	Office Sought			\$389.03		
Name of Creditor Berkley Risk A	dmin Co, LL		Date Incurred 03/29/2010	Event #		Amount Incurred (Estimate or		
Street Address PO Box 1100		City Mpls	•	State MN	Zip Code 55400-1100	Actual)		
Purpose of Expenditure OVHD	Description balance of worker's comp premium							
Is this expenditure which reimbursemed Yes X No	coordinated with another candidate for Other Candida ent is sought?	te(s) Name	Office Sought			\$48.00		

IV. EXPENDITURES								
NAME OF CO	MMITTEE				FILING DU	E DATE		
Oz For Gove	mor, Inc.				Original 04	/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Ashley Maagero  Date Incurred 03/31/2010				Event #		Amount Incurred (Estimate or		
Street Address 11 Pleasant Vv	v Dri	City Suffield	•	State CT	Zip Code 06078	Actual)		
Purpose of Expenditure RCW	Description expense reimbursement							
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candident is sought?	ate(s) Name	Office Sought			\$819.52		
Name of Creditor AT Conference			Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or		
Street Address 1245 Farmingt	on Ave Ste 205	City West Hartford	•	State CT	Zip Code 06107	Actual)		
Purpose of Expenditure OVHD	Description  Phone conferencing charges							
Is this expenditure which reimbursement Yes No	coordinated with another candidate for Other Candident is sought?	ate(s) Name	Office Sought			\$14.30		

IV. EXPENDITURES								
NAME OF CO	MMITTEE				FILIN	G DUE DATE		
Oz For Gover	mor, Inc.				Origin	al 04/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Christopher Gr	iebel		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or		
Street Address 7 Caryn Ln		City Weatogue		State	Zip Code 06089	(Estimate of Actual)		
Purpose of Expenditure TRVL	Description mileage 3/18-3/31/10							
Is this expenditure which reimbursemed Yes X No	coordinated with another candidate for Other Candida ent is sought?	ate(s) Name	Office Sought			\$351.75		
Name of Creditor Thomas J. Filo	meno		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or		
Street Address 31 Bonny View	r Rd	City West Hartford	•	State CT	Zip Code 06107	Actual)		
Purpose of Expenditure POST	Description  postage - certified letter							
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candidate for its sought?	ate(s) Name	Office Sought			\$3.24		
				Total o	Section Q	\$14,213.68		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Oz For Governor. Inc.					Origin	nal 04/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 02/16/2010		Method of Paym  X Check #	nent	Amount		
Secondary Payee  Connecticut Secretary of the State		Purpose o	of Expenditure	Debit Card	d			
Street Address 30 Trinity St	City Hartford	State CT		Zip Code 06106		•		
Description refund for payment to state for incorporation filing								
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$100.00		
Name of Worker/Consultant Ashley Maagero		Date of Payment 02/26/2010		Method of Payment  X Check #		Amount		
Secondary Payee yourpatriot.com		Purpose o	of Expenditure	1014 Debit Card	d			
Street Address 200 S Executive Dr Ste 101	City Brookfield		State WI	Zip Code 53005				
Description yourpatriot.com account set up fee				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	•		\$150.00		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Oz For Governor, Inc.					Origin	nal 04/12/2010	
R. Itemization of Reimbur	rsements to Committee Work	ers and	Consultants				
		Date of P	-	Method of Payment  Check #		Amount	
Secondary Payee Shell Oil		Purpose o	of Expenditure	X Debit Card	d		
Street Address	City East Windsor		State CT	Zip Code			
Description gas				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	ndidate(s) Name	Office	Sought	1		\$52.34	
Name of Worker/Consultant Ashley Maagero		Date of Payment 03/02/2010		Method of Payment  X Check #		Amount	
Secondary Payee Best Buy		Purpose o	se of Expenditure  * Debit Co		d		
Street Address 1026	City Enfield		State CT	Zip Code 06082			
Description purchase laptop				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes	ndidate(s) Name	Office	Sought				
x No						\$978.26	

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILIN	NG DUE DATE	
Oz For Governor, Inc.					Origin	al 04/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Date			Date of Payment		ent	Amount	
Ashley Maagero		03/02/	2010	X Check #			
Secondary Payee		Purpose of Expenditure FOOD		1017 Debit Card	i		
Street Address	City	•	State	Zip Code			
Description Lunches to enlist volunteers							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$71.11	
Name of Worker/Consultant		Date of Payment		Method of Payment		Amount	
Ashley Maagero		03/02/2010		X Check #			
Secondary Payee Staples		Purpose o	f Expenditure	1017 Debit Card	i		
Street Address 14 Hazard Ave	City Enfield		State CT	Zip Code 06082-3713	3		
Description folder, pens, paper and notebooks				Event #			
which reimbursement is sought?  Yes	idate(s) Name	Office	Sought				
x No						\$29.65	

IV. E	XPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE			
Oz For Governor, Inc.					Origin	nal 04/12/2010			
R. Itemization of Reimbursements to Committee Workers and Consultants									
Name of Worker/Consultant Ashley Maagero		Date of Payment 03/02/2010		Method of Paym	nent	Amount			
Secondary Payee Best Buy	Purpose o OVHD		f Expenditure	1017 Debit Card	i				
Street Address 95 Elm St	City Enfield	State CT		Zip Code 06082					
Description computer diagnostic for laptop				Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$69.99			
Name of Worker/Consultant Ashley Maagero		Date of Payment 03/02/2010		Method of Payment  X Check #		Amount			
Secondary Payee Verizon		Purpose o	f Expenditure	1017 Debit Card	i				
Street Address	City		State	Zip Code					
Description cell phone expense				Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	idate(s) Name	Office	Sought	•		¢504 93			

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Oz For Governor, Inc.					Origin	nal 04/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Ashley Maagero		Date of Payment 03/02/2010		Method of Paym	ent	nt Amount	
Secondary Payee AMEX		Purpose of Expenditure TRVL		1017 Debit Card	i		
Street Address	City		State				
Description travel/gas				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	•		\$303.47	
Name of Worker/Consultant Christopher Griebel		Date of Payment 03/05/2010		Method of Paym	ent	Amount	
Secondary Payee		Purpose o	f Expenditure	1022  Debit Card	i		
Street Address	City		State	Zip Code			
Description Mileage reimbursement 01/19-03/01/10				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	idate(s) Name	Office	Sought			¢736.75	

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Oz For Governor, Inc.					Origin	nal 04/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 03/08/2010		Method of Payment Check #		Amount		
Secondary Payee Pride Station		Purpose o	f Expenditure	X Debit Card	ı			
Street Address	City Long Meadow		State MA	Zip Code				
Description gas				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$45.33		
Name of Worker/Consultant Ashley Maagero		Date of Payment 03/11/2010		Method of Paym	ent	Amount		
Secondary Payee Verizon		Purpose o	f Expenditure	X Debit Card	i			
Street Address	City		State	Zip Code				
Description cell phone charges				Event#				
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	-		\$162.91		

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Oz For Governor, Inc.					Origin	nal 04/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Ashley Maagero		Date of P		Method of Paym	ent	Amount	
Secondary Payee P		Purpose o	of Expenditure	X Debit Card	i		
Street Address 680 Poquonock Ave	City Windsor	State CT		Zip Code			
Description gas				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	•		\$50.77	
Name of Worker/Consultant		Date of P	ayment	Method of Paym	ent	Amount	
Ashley Maagero		03/11/	2010	Check #			
Secondary Payee Thirfty Car Rental		Purpose o	of Expenditure	X Debit Card	i		
Street Address 211 Farmington Ave	City Hartford		State CT	Zip Code 06105-3601	L		
Description van rental - NY				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes	idate(s) Name	Office	Sought	1			
IXI No						\$156.59	

IV. E	IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE			
Oz For Governor, Inc.					Origin	nal 04/12/2010			
R. Itemization of Reimbursements to Committee Workers and Consultants									
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	ent	Amount			
Ashley Maagero		03/15/	2010	Check #					
Secondary Payee Shell Oil		Purpose o	of Expenditure	X Debit Card	i				
Street Address	City West Hartford	State CT		Zip Code					
Description gas				Event #					
which reimbursement is sought?  Yes	idate(s) Name	Office	Sought			\$54.54			
No		1		1		φυτ.υτ			
Name of Worker/Consultant  Christopher Griebel		Date of Payment 03/19/2010		Method of Paym	ent	Amount			
				1036					
Secondary Payee		Purpose o	f Expenditure	Debit Card	i				
Street Address	City		State	Zip Code					
Description Mileage reimbursement 03/04-03/16/10			•	Event #					
Is this expenditure coordinated with another candidate for Which reimbursement is sought?	idate(s) Name	Office	Sought	•					
Yes X No						\$385.01			

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Oz For Governor, Inc.					Origin	nal 04/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
		Date of Payment 03/19/2010		Method of Paym	ent	Amount	
Secondary Payee Staples		Purpose o	of Expenditure	1035  Debit Card	i		
Street Address 15 Albany Tpke	City Simsbury	State CT		Zip Code 06092			
Description letterhead and envelopes				Event #			
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	•		\$782.26	
Name of Worker/Consultant		Date of Payment		Method of Payment		Amount	
Ashely Maagero		03/19/	2010	Check #			
Secondary Payee Verizon Wireless		Purpose of	of Expenditure	X Debit Card	i		
Street Address 1479 New Britain Ave	City West Hartford		State CT	Zip Code 06110-1659	)		
Description purchase cell phone				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  Yes	idate(s) Name	Office	Sought	1		¢190.78	

IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Oz For Governor, Inc.				Original 04/12/2010		
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Christopher Griebel		Date of Payment 03/19/2010		Method of Paym  X Check #	nent	Amount
Secondary Payee Best Buy		Purpose of Expenditure  EFV *		1036  Debit Card		
Street Address 1501 New Britain Ave	City West Hartford		State CT	Zip Code 06110		
Description purchased video camera used for web				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	lidate(s) Name	Office	Sought			\$158.99
Name of Worker/Consultant Ashley Maagero		Date of Payment 03/20/2010		Method of Paym	nent	Amount
Secondary Payee Porcellos Inc		Purpose of Expenditure TRVL		X Debit Card		
Street Address 710 Enfield St	City Enfield		State CT	Zip Code 06082-2913	3	
Description gas				Event #		
which reimbursement is sought?  Yes	lidate(s) Name	Office	Sought			
x No						\$53.00

IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Oz For Governor, Inc.					Origin	nal 04/12/2010
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Ashley Maagero		Date of P		Method of Paym	nent	Amount
Secondary Payee Shell Oil		Purpose of Expenditure TRVL		X Debit Card		
Street Address	City West Hartford	IKVL	State CT	Zip Code		
Description Gas			1	Event #		
which reimbursement is sought?	idate(s) Name	Office	Sought			
Yes  X No						\$53.26
Name of Worker/Consultant		Date of P	ayment	Method of Payn	nent	Amount
Bingham McCutchen LLP		03/27/2010		X Check #		
Secondary Payee YWCA	Purpose of Expendit		of Expenditure	1043  Debit Card		
Street Address 195205 Garden St	City Hartford	•	State CT	Zip Code 06103		
Description YWCA luncheon 04/07/10			•	Event #		
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought?	idate(s) Name	Office	Sought			
Yes X No						\$300.00
				Total of So	ection R	\$5,479.94

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Oz For Governor, Inc.					Original 04/12/2010	
S. Surplus Distribution of Equipment and Furniture						
Name of Recipient					Original Purchase Amount of Item	
Street Address	City	State	Zip Code			
Description						
Total of Section S						